

**Application for Federal Assistance SF-424**

\*1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\*2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\*If Revision, select appropriate letter(s):

\*Other (Specify)

\*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier

\*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION**

\*a. Legal Name:

Tennessee Department of Mental Health and Substance Abuse Services

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

62-60914

\*c. Organization DUNS:

87-889-0425

**d. Address**

\*Street1:

710 James Robertson Pkwy.

Street2:

Andrew Johnson Building, 11th floor

\*City:

Nashville

County/Parish:

Davidson

\*State:

Tennessee

Province:

\*Country:

USA

\*Zip/Postal Code:

37243

**e. Organizational Unit**

Department Name:

Tennessee Department of Mental Health and SA Service

Division Name:

Division of Mental Health Services

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

Mr.

\*First Name:

Robert

Middle Name:

\*Last Name:

Currie

Suffix:

Title:

Director, Housing and Homeless Services

Organizational Affiliation:

\*Telephone Number:

615-532-4651

Fax Number:

615-253-6822

\*Email: bob.currie@tn.gov

### Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**

State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify)**

**10. Name of Federal Agency:**

SAMHSA

**11. Catalog of Federal Domestic Assistance Number**

93.150

**CFDA Title:**

PATH

**\*12. Funding Opportunity Number:**

RFA #SM-12-F2

**\*Title:**

Projects for Assistance in Transition from Homelessness (PATH)

**13. Competition Identification Number:**

not applicable

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\*a. Applicant

5th

b. Program/Project

Statewide -1,2,3

Attach an additional list of Program/Project Congressional Districts if needed:

#### 17. Proposed Project:

\*a. Start Date:

July 1, 2012

b. End Date:

June 30, 2013

#### 18. Estimated Funding(\$):

\*a. Federal

\$894,000.00

\*b. Applicant

\*c. State

\$500.00

\*d. Local

\$297,500.00

\*e. Other

\*f. Program Income

\*g. TOTAL

\$1,192,000.00

#### \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

#### \*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)

☐ Yes

☒ No

If "Yes", provide explanation and attach.

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

#### a. Authorized Representative

Prefix: Ms.

\*First Name:

Sejal

Middle Name:

Last Name: West

Suffix:

\*Title: Assistant Commissioner, Division of Mental Health Services

\*Telephone Number: 615-253-3051

Fax Number: 615-253-6822

\*Email: Sejal.west@tn.gov

\*Signature of Authorized Representative:

Date Signed:

5/22/12

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## BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1) PATH formula Grant	(2) PATH match	(3)	(4)		
a. Personnel	\$	\$	\$	\$	\$	\$ 0.00
b. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0.00
c. Travel	\$ 1,500	\$ 500	\$	\$	\$	\$ 2,000.00
d. Equipment	\$	\$	\$	\$	\$	\$ 0.00
e. Supplies	\$	\$	\$	\$	\$	\$ 0.00
f. Contractual	\$ 892,500	\$ 297,500	\$	\$	\$	\$ 1,190,000.00
g. Construction	\$	\$	\$	\$	\$	\$ 0.00
h. Other	\$	\$	\$	\$	\$	\$ 0.00
i. Total Direct Charges (sum of 6a -6h)	\$ 894,000	\$ 298,000	\$	\$ 0.00	\$	\$ 1,192,000.00
j. Indirect Charges	\$	\$	\$	\$	\$	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 894,000	\$ 298,000	\$	\$ 0.00	\$	\$ 1,192,000.00
7. Program Income	\$	\$	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. PATH	\$	\$ 500.00	\$ 297,500.00	\$	298,000.00
9.	\$	\$	\$	\$	0.00
10.	\$	\$	\$	\$	0.00
11.	\$	\$	\$	\$	0.00
12. TOTALS (sum of lines 8 and 11)	\$	0.00	\$ 500.00	\$ 297,500.00	298,000.00
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$	\$
13. Federal	0.00	\$	\$	\$	\$
14. Non- Federal	0.00	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				(e) Fourth
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. PATH	\$ 894,000.00	\$ 894,000.00	\$ 894,000.00	\$ 894,000.00	894,000.00
17.	\$	\$	\$	\$	\$
18.	\$	\$	\$	\$	\$
19.	\$	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 894,000.00	\$ 894,000.00	\$ 894,000.00	\$ 894,000.00	0.00
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

# PATH BUDGET

Provider: TN Dept of Mental Health and Substance Abuse Services				
Position	Full-time annual salary	PATH-funded FTE (%)	PATH-funded salary	Total
Position subtotal				
Benefits subtotal				
Travel for SPC to attend mandatory PATH meeting in DC				\$2,000
Equipment				
Supplies				
Contractual				
Other				
TOTAL DIRECT				
Indirect Costs				
PATH Program TOTAL				\$2,000

Anticipated travel costs of airfare, hotel, local transport, parking, and per diem cost for mandatory 4-day PATH meeting are estimated at \$2,000. This will be paid by \$1,500 in PATH formula grant funds and \$500 in state matching funds.

#### A. EXECUTIVE SUMMARY

AGENCY (TYPE)	FEDERAL PATH FUNDS	LOCAL MATCH FUNDS	STATE PATH FUNDS	TOTAL PATH	COUNTIES SERVED	ADULTS TO CONTACT (LITERALLY HOMELESS)	ADULTS TO ENROLL
Mental Health Cooperative (MHC)	\$186,000	\$62,000	\$13,215	<b>\$261,215</b>	Davidson, Montgomery, Sumner, Wilson	1,400 (420)	900
Helen Ross McNabb (MHC)	\$99,660	\$33,220	\$35,241	<b>\$168,121</b>	Knox	206 (165)	130
Volunteer Behavioral Health (MHC)	\$193,660	\$64,554	\$70,482	<b>\$328,696</b>	Hamilton, Rutherford, Putnam	425 (265)	280
Case Management, Inc.(MHC)	\$115,000	\$38,333	\$53,302	<b>\$206,635</b>	Shelby, Fayette, Tipton	350 (288)	250
Johnson City Downtown Health Clinic (FQHC at State University School of Nursing)	\$102,000	\$34,000	\$35,241	<b>\$171,241</b>	Washington, Carter, Unicoi, Sullivan, Greene	500 (400)	100
Pathways of Tennessee: (Local Govt. MHC.)	\$58,500	\$19,500	\$35,241	<b>\$113,241</b>	Hardeman, Haywood, Henderson, Madison	225 (180)	168
Carey Counseling Center (MHC)	\$80,680	\$26,893	\$0	<b>\$107,573</b>	Benton, Carroll, Gibson, Henry, Lake, Obion, Weakley	200 (100)	80
Parkwest Medical Center (MHC)	\$57,000	\$19,000	\$0	<b>\$76,000</b>	Blount, Monroe, Sevier, Loudon	150 (98)	135
TN. Dept of MHSAS	\$1,500	\$500		<b>\$2,000</b>			
<b>TOTALS</b>	<b>\$894,000</b>	<b>\$298,000</b>	<b>\$242,722</b>	<b>\$1,434,722</b>		<b>3,456 (1,916)</b>	<b>2043</b>

#### 4. Services to Be Supported by PATH Funds

Although providers are encouraged in training and in contracts to emphasize outreach, housing placement, and case management services not funded by mainstream mental health funding, the following services may receive reimbursement through state PATH contracts:

- Outreach services
- Screening and diagnostic services
- Community mental health services
- Case management services
- Alcohol and drug treatment services
- Staff training
- Housing services
- habilitation and rehabilitation services
- referrals for primary health services;
- Supportive and supervisory services



## B. STATE-LEVEL INFORMATION

### 1. State's Operational Definitions

- a. **Homeless Individual** — individual who lacks housing regardless of whether the individual is a member of a family; including, but not limited to, an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; and an individual who is a resident in transitional housing.
- b. **Imminent Risk of Becoming Homeless** — means that without assistance the individual will become homeless in the next fourteen (14) calendar days. This would include, but not be limited to, individuals such as: 1) those living in a condemned building without a place to move; 2) those who have received an eviction notice; 3) those living in temporary housing that carries time limits including a hotel room that can no longer be afforded; and 4) those soon to be discharged from a health care institution or criminal justice institution without a place to live.
- c. **Serious Mental Illness** — means a mental disorder diagnosable using Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR) or more current edition, and of such severity and duration as to result in being unable to live in stable housing or work independently because he/she is unable to perform sufficiently in at least one of the four life functioning domains including (1) Activities of daily living; (2) Interpersonal functioning; (3) Concentration, task performance, and pace; and (4) Adaptation to change.
- d. **Co-occurring Serious Mental Illness and Substance Use Disorders** means combined conditions of mental illness and substance use disorder. "Substance use disorder", for purposes of this definition, means substance-related disorders as diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV-TR) or current revision.

### 2. Alignment with SAMHSA's Strategic Initiative #3 : Military Families

Strategies to improve linkages to services specifically for homeless veterans and their families was on the agenda of Tennessee's recent annual PATH meeting. PATH providers are encouraged to become aware of all the agencies and services in their communities that serve veterans. These include VA medical centers, local VA service offices, private, non-profit agencies that specialize in serving veterans, and other agencies that serve veterans. Then, as veterans are encountered through PATH outreach efforts, they are linked to these services as appropriate. Several localities in Tennessee has also been successful in securing several VASH housing vouchers. PATH providers have identified where these can be accessed and are making referrals to access these resources for PATH clients. Please note in #9 below that increasing the quality and quantity of services in Clarksville, TN, home of the 101<sup>st</sup> Airborne's base,

Fort Campbell, which attracts many homeless veterans, was the most important objective in allocating new resources that year. Additional local provider efforts are described in the Intended Use Plans below.

**3. Alignment with SAMHSA's Strategic Initiative #5: Recovery Support**

Since 2000, Tennessee's Creating Homes Initiative has been creating safe, affordable, permanent supportive housing opportunities for people with a history of mental illness and co-occurring substance abuse including those who are homeless. To date, over 8,500 housing options have been created by leveraging over \$371 million. The majority of these are operated by mental health and affordable housing agencies across the state and know to PATH providers as housing that gives preference to people they are seeking to serve.

To reduce barriers to accessing effective services that sustain recovery, Tennessee also has developed a statewide support system to encourage and support development of local SAOR networks. Three Regional SOAR Coordinators, one in each grand division of the state are supported through the PATH program. Currently, active SOAR local networks regularly meet for information exchange and support in the 5 largest cities in the state and the statewide network conducts monthly phone conferences to advance this process. These efforts have increased the number of SSI and SSDI applications for homeless individuals, increased the success on initial application, and shortened the time for approval. Having these benefits of income and health care is the most effective strategy currently employed to reduce barriers to recovery services.

**4. Alignment with PATH goals:**

Tennessee's PATH provider contract includes a clause stating PATH workers' outreach efforts should show evidence each year of moving toward 80% of those enrolled in PATH being literally homeless. Techniques and sharing successes to better engage the literally homeless are major topics in Tennessee's annual PATH provider conference. The contract and trainings further emphasize linking those people enrolled in PATH to mainstream mental health services as soon as possible so that they can move on to engaging with homeless individuals with serious mental illness who have not yet been reached. Providers are regularly encouraged that the purpose of the PATH program is to engage the literally homeless with serious mental illness, to link them with mental health and housing services, and then begin disengagement. Also, as noted in the Intended Use Plans, most of the providers have already begun entering their PATH data into HMIS. Those who have not have plans to implement that within the 2-4 year timeframe.

**5. Alignment with State Comprehensive Mental Health Services Plan**

Community service and support needs for people living with mental illness are identified through an annual needs assessment process with input from the seven regional mental health planning councils and a state council. This process allows for a broad grassroots forum to advise the Department on the desirable

array of prevention, early intervention, treatment, and rehabilitation services and supports for service recipients and their families and provides citizen participation in the development of the Community Mental Health Block Grant Plan and the TDMHSAS Three Year Plan. Priorities are reviewed and recommended for inclusion into the Department's annual budget request by the Planning and Budget Committee of the TDMHSAS Planning and Policy Council. Service needs of individuals with serious mental illness who are homeless or who are at risk of homelessness are included and prioritized as perceived by local and regional stakeholders. Both the Block Grant Plan and the Three Year Plan contain performance indicators and/or strategies related to serving homeless (or at-risk) adults with serious mental illness. The plan current plan includes specific objectives regarding increasing the number of homeless individuals and families served through PATH and increasing the number of individuals assisted to receive SSI and SSDI benefits through SOAR.

## **6. Alignment with State Plan to End Homelessness**

In 2004, a Tennessee team representing 11 state agencies and 4 geographically distributed homeless service providers attended the Homeless Policy Academy and created a state action plan to reduce homelessness. PATH activities are included in the following Priorities:

Priority 2: Review and Disseminate Education and Communication Regarding Best Practices and Strategies: PATH providers are trained annually in best practices such as of street outreach, effective referral, and linking service recipients to supportive housing. PATH supported SOAR Regional Coordinator positions focused on implementing SOAR through developing local networks and assuring quality applications are delivered timely to SSA.

Priority 4: Improve Access to Mainstream Services: This is the focus of the PATH program—linking people who are homeless with supportive housing and mental health services. By active participation in local Continua of Care, PATH case managers are kept aware of new and available community mainstream resources.

Priority 5: Expand Inventory of Safe, Affordable, Quality Housing: This priority includes PATH case managers using the CoCs' housing inventory data to identify and make contact with all available housing options for service recipients. PATH case managers are also charged in their contracts with keeping regularly contact with supportive housing providers and facilitating access to this housing for those they meet through outreach.

## **7. Process of Providing Public Notice**

The SFY 13 plan is available on the TDMHSAS website for public comment. Representatives from the Tennessee Mental Health Consumer's Association (which represents mental health consumers statewide), the Tennessee chapter of the National Alliance on Mental Illness, and representatives from the Tennessee Association of Mental Health Organizations (which represents mental

health centers and other mental health agencies) have been provided copies and their comments solicited. A copy is also being offered to the TDMHSAS Consumer Advisory Board for their comments, although their next meeting occurs after the PATH submission deadline. All comments received will be reviewed and appropriate adjustments made to the PATH plan even after submission to SAMHSA through a request for revision to SAMHSA project officer. Opportunities for more direct input from current or former PATH eligible service recipients will be developed during the coming year and included in next year's review and comment process.

#### **8. Programmatic and Financial Oversight**

The PATH project is coordinated at the state level by the Office of Housing and Homeless Services Division of Mental Health Services, Department of Mental Health and Substance Abuse Services. The Director of this Office is responsible for monitoring the PATH sites. This is accomplished through networking meetings of the project providers and an annual program monitoring visit to each program site. Performance measures have been developed for the PATH program, and at each site visit, the local PATH program is evaluated based upon these performance measures. The state's latest revision of performance measures went into effect on July 2010 following the SAMHSA site visit. These performance measures included outcomes-based performance measures, such as percentage of literally homeless served and increased emphasis on moving PATH enrollees to mainstream services and off PATH caseload sooner. Each of the programs is required to submit a quarterly data report describing its activities and progress in meeting these measures.

Fiscally, the PATH program is monitored the same way all state contract agencies are monitored. At least once every three years an on-site fiscal monitoring visit by TDMHSAS verifies back-up documentation. An annual independent fiscal audit also verifies agency compliance with accounting standards. Direct program costs are submitted on a quarterly financial report to support and verify monthly invoices. At the end of the state fiscal year, an annual report of actual expenditures and payments is submitted and reviewed by Fiscal Services staff and adjustments made as indicated before filing the annual PATH federal fiscal report.

#### **9. Selection of PATH Local-Area Providers**

A Request for Proposals (RFP) was released beginning in 1992 and whenever additional funding became available through 2004. Agencies were chosen that met the requirements of the RFP, demonstrated the capability of serving the needs of the homeless, and increased the geographic distribution of the program services. As the latest example, in 2004, the state received a \$102,000 increase in federal PATH funds. Two new agencies were chosen through the RFP process in April of 2004. The criteria for selection were based in part on the capability of the proposed vendors to demonstrate the need for PATH services in their service area. The allocation of dollars through the RFP process was also

based upon the capability of the vendor to deliver services in an effective manner to homeless veterans.

In 2009 the state received an increase in PATH funds of \$98,000. Some of these additional federal funds were allocated by the PATH state office on a sole-source provider basis to establish a new PATH location in Cookeville—Putnam County (the last Continuum of Care without a PATH provider) hosted by the mental health center serving that county. The remainder of the new federal funds provided a slight Cost of Living increase to all PATH providers including raising the minimum grant any agency received. One provider serving Clarksville – Montgomery County chose to no longer accept any Federal PATH Formula monies because they could no longer meet the matching requirement. Another existing PATH provider, Tennessee's most efficient PATH provider, had mental health outpatient offices in the county and agreed to pick up this program site. Ensuring continuation of PATH services in this county that is the home of Fort Campbell and the 101<sup>st</sup> Airborne and therefore attracts homeless veterans was an important consideration in this decision.

In 2010 the state received an increase in PATH funds of \$80,000. The increase was used to establish 3 SOAR Regional Coordinators in West, Middle and East TN. Also the PATH provider serving 7 counties in Northwest Tennessee received an increase in federal PATH funds because they were tied for the lowest funding levels of any provider in the state while serving more counties than any other provider.

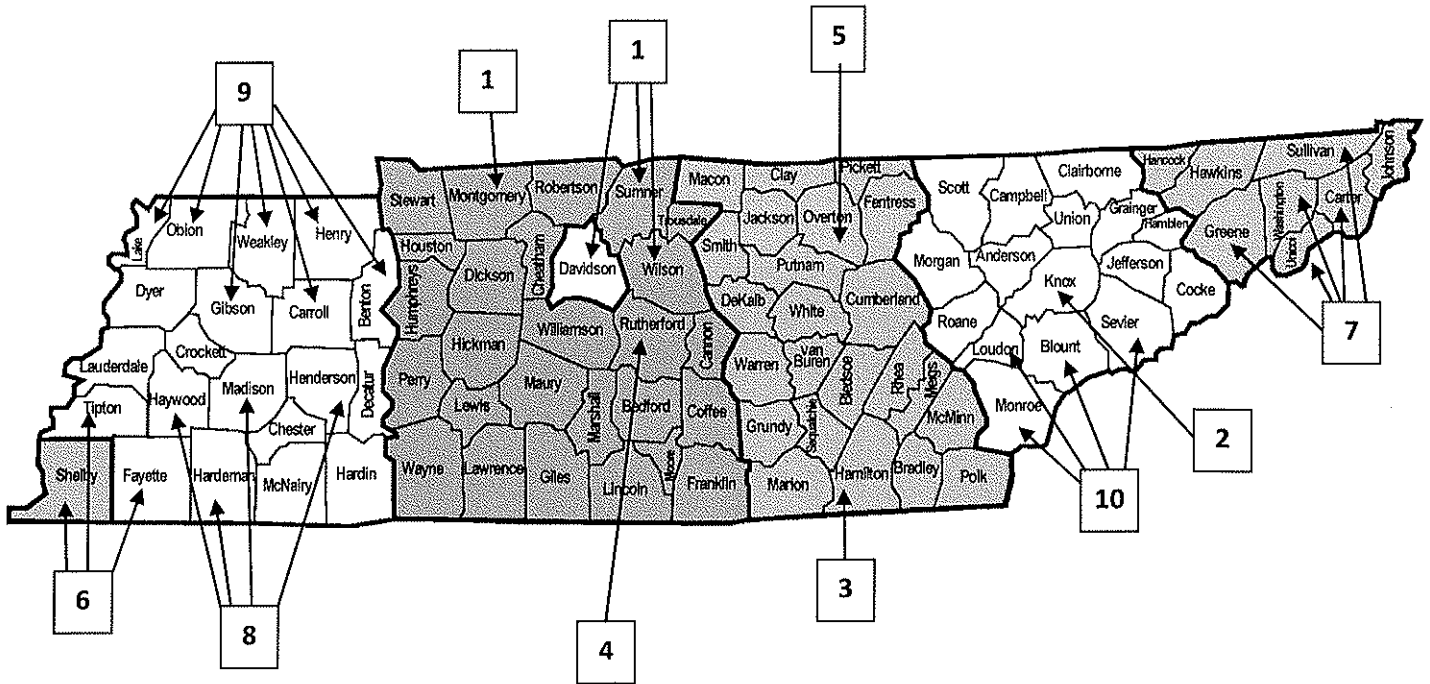
PATH funding is now targeted to the eleven largest urban populations in the state and to all 10 Continua of Care regions. These areas have been indicated through the needs assessment process to have the largest populations of homeless individuals. The PATH providers attending Continua of Care meetings are alerted to specific needs and newly recognized locations for homeless services and can adjust their service delivery and referral response accordingly. The current vendors, chosen through the RFP process, have demonstrated the capability to deliver effective services to homeless including homeless veterans. In addition, training has been provided to all PATH providers on how better to serve special populations, including homeless veterans. Consumer and provider feedback and monitoring of quarterly data reports leads to individual provider coaching during annual site visits where indicated.

#### **10. Location of Individuals with Serious Mental Illness who are Experiencing Homelessness**

The 2011 Continuum of Care Point-in-Time Count report revealed the following. The Continua estimate the number of homeless needing services in their regions during the course of a year to be from 2 to 5 times this point-in-time number. These data are used to align placement and emphasis of PATH services with where the greatest need exists.

REGIONS		I	II	II	III	III	V	IV	V	VI	VII	TOTAL
CONTINUUMS OF CARE		ARCH	TN Valley	Knoxville	Upper Cumb.	Chatt	M'sboro	Davidson	HNM	West TN	Memphis	
HOMELESS POPs.												
INDIVIDUALS												
Emerg shelter		67	96	412	64	214	39	762	58	181	426	2319
Trans. Shelter		61	33	290	11	14	23	567	122	165	627	1913
unsheltered		72	161	138	130	147	96	363	19	888	182	2196
total individuals		200	290	840	205	375	158	1692	199	1234	1235	6428
FAMILIES WITH CHILDREN												
Emerg shelter		24	21	22	24	10	14	38	7	18	38	216
Trans. Shelter		20	0	35	10	22	4	48	2	11	171	323
unsheltered		6	8	4	78	30	0	0	0	244	1	371
total families		50	29	61	112	62	18	86	9	273	210	910
PEOPLE IN FAMILIES												
Emerg shelter		72	69	56	68	35	50	108	27	58	142	685
Trans. Shelter		59	0	91	28	71	15	135	6	24	563	992
unsheltered		29	36	11	225	80	0	0	0	578	2	961
total individuals		160	105	158	321	186	65	243	33	660	707	2638
SUB POPULATIONS												
Chronic homeless sheltered		41	39	127	17	7	14	475	27	50	31	828
Chronic homeless unsheltered		25	40	40	25	26	58	360	4	175	80	833
SPMI		85	54	68	2	116	39	610	28	168	252	1422
Chronic SA		63	136	82	3	150	41	880	75	224	690	2344
Vets		69	17	108	7	55	25	372	33	93	186	965
HIV/AIDS		2	4	0	0	2	1	37	0	2	59	107
DV		50	19	63	27	70	26	190	49	22	54	570
Youth		0	8	2	2	0	16	8	0	0	1	37

## PROVIDER LOCATIONS AND AREAS SERVED



1. Mental Health Cooperative (Regions IV and V)
2. Helen Ross McNabb Community Mental Health Center (Region II)
3. Volunteer Behavioral Health Chattanooga (Region III)
4. Volunteer Behavioral Health Murfreesboro (Region V)
5. Volunteer Behavioral Health Upper Cumberland (Region III)
6. Case Management Inc. (Region VII)
7. Johnson City Downtown Health Clinic for the Homeless (Region I)
8. Pathways Community Mental Health Center (Region VI)
9. Carey Counseling Community Mental Health Center (Region VI)
10. Parkwest Medical Center (Peninsula Behavioral Health) (Region II)

### 11. Matching Funds

The source of the required match is the local provider with whom the state contracts for PATH services. All the current PATH providers have completed and returned FY 13 budgets indicating their willingness to continue providing this required local match. Providers invoice the state on a monthly basis showing evidence of funds spent. This shows includes total expenses for the PATH program. The state then reimburses \$3 for every \$4 of expenses thereby guaranteeing the local match has been provided. The agency does not receive federal PATH dollars without evidence of local match dollars being spent. State

PATH funds further supplement this program but are not counted as required match and are available only after the federal grant and matching requirement have been met.

## **12. Other Designated Funding**

Within the Department of Mental Health, the mental health block grant and the substance abuse block grants are not specifically targeted to serve individuals who are homeless and also have mental illness, although both may be used for this purpose. In past years, funds from the mental health block grant and state appropriations have supported homeless programs for adults and outreach efforts to at-risk children and youth in homeless families. This state-funded program also allows adult with mental illness who are caregivers of these children to be served by this program. These Children and Youth Homeless Outreach Project providers are required to have formal agreements for cross referrals with PATH providers. As indicated in the Executive Summary above, state appropriations are also specifically allocated to supplement the federal and local match funded PATH services. Promotion of the SOAR program within PATH is increasing appropriate access to SSI and SSDI benefits for many homeless individuals and families. Linkages to supportive housing and rental assistance through the Regional Housing Facilitators and Consumer Housing Specialists occur in the Continua meetings and other local task forces.

By linking PATH service recipients with mental health services, recipients gain access to other federal and state funded services such as health services at Federally Qualified Health Centers, Vocational Rehabilitation and Supported Employment, Veterans Affairs, and rental / utility assistance available through local Community Services Block Grant recipients.

All PATH providers are required to participate in their local Continua of Care. These linkages assure outreach workers are coordinating with the variety of community resources for the homeless so they can link people with other state and federally funded services and share the unmet needs they have identified through their outreach efforts with the service providers in an effort to expand the network of state and federally funded resources.

## **13. Data**

### **a. Timeline:**

- July 1, 2011 – State PATH contracts and training emphasized the impending mandate to enter PATH data in HMIS and encouraged all providers to advance this project.
- July 1, 2012 – 5 of 8 providers are entering PATH data in local HMIS
- July 1, 2013 – 6 of 8 providers are entering PATH data in local HMIS; State has developed plan to aggregate data from all providers entered into



10 different Continua of Care HMIS systems including 4 or 5 different HMIS vendor systems.

- July 1, 2014 – McNabb will be entering PATH data in local HMIS; State has implemented data aggregation plan
- July 1, 2015 – Mental Health Cooperative, the 8<sup>th</sup> of 8 PATH providers will be entering data into HMIS

**b. Technical Assistance needed:**

- Consultation with McNabb and MH Co-op on addressing HIPAA privacy concerns of sharing individual client data with local network
- Consultation with McNabb and MH Co-op on how to transfer PATH data entered into their EMR systems to HMIS to avoid dual entry.
- Consultation with state office on if and how it is possible to aggregate PATH data on timely, management-useful time-frame from 10 different HMIS systems. If not practical, consultation on how to implement and maximize access to CoC PATH data via periodic reports from local HMIS systems.

**c. Fully participate in HMIS TA and training – Tennessee intends to do this as much as possible within available resources.**

**d. Facilitate flexible use of PATH funds to support HMIS activities**

- Providers are currently encouraged to allocate funding within their allocations to cover needed subscription fees and local training costs.
- As needs for HMIS-related expenses are identified at the state level during this planning year, the FFY 13 PATH state administration budget will be increased as needed from the current 0.2%.

**e. Connect with Continuums of Care to facilitate data migration**

- While informal discussions have begun on this project, the timeline above indicates this will be a focused activity of the state PATH office in the upcoming fiscal year.

**f. Work with local HMIS administrators to incorporate PATH data fields into HMIS**

- Since 6 of the 8 providers will be entering PATH data by July 1, 2012, we assume most of the HMIS systems already contain the needed fields to capture PATH data. However, the state's discussions with local HMIS administrators will begin by surveying the current level of implementation

to identify gaps that need to be addressed and any existing plans to address this issue.

#### **14. Training**

- An annual 2 day PATH and Children and Youth Homeless Outreach training event has been conducted after the FFY 12 RFA was issued to include training on best practices on outreach, linking to mainstream MH services and housing, SOAR, and IUP preparation.
- PATH contracts require alternative training for PATH workers who did not attend.
- Variations from levels and types of activity stated in the Intended Use Plans as reported in quarterly data reports will prompt agency specific contact and TA as needed.
- Sharing training opportunities plus progress and successes in implementing HMIS as the PATH data reporting system will be shared with all providers via periodic e-mails.

**C. LOCAL PROVIDER INTENDED USE PLANS - Mental Health Cooperative**

**1. Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including:**

- a. agency name:** Mental Health Cooperative 275 Cumberland Bend Drive Nashville, TN 37228 Phone: (615)726-3340 Fax: (615)743-1680
- b. type of organization:** The Mental Health Cooperative, Inc. (MHC) was established in April 1993. MHC is a private, not for profit mental health agency serving persons with serious and persistent mental illness and co-occurring substance abuse.
- c. counties served:** MHC serves individuals in Cheatham, Davidson, Sumner, Robertson, Wilson, Macon, Rutherford, Montgomery, Stewart, Maury, Lawrence, Giles, Lewis, Williamson, Trousdale, Houston, Dickson, Humphreys Hickman, Marshall, Bedford, Coffee, and Cannon Counties of Middle Tennessee. The Agency's PATH Program serves individuals in the Davidson, Montgomery, Sumner, and Wilson Counties.
- d. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$186,000
Local Match (equals 1/3 of formula grant)	\$62,000
State Supplement funds	\$13,215
Other funds	
Total	\$261,215

Mental Health Cooperative will receive \$261,215 from the Federal Government, State Supplemental funds, and agency matched funds to provide outreach, mental health, and housing services to the homeless. The entirety of these funds is used towards specific assistance and salaries of four Outreach Specialist, one Team Lead, and three Case Managers. MHC agency provides funds for the remaining members of the homeless team: one Program Manager, Psychiatrist, and a Registered Nurse Certified in psychiatry. A local grant provides funding for a Ryan White Mental Health Specialist serving on the PATH Team.

**2. People to be served –**

- a. Number of adults or emancipated youth to be contacted using PATH funded services in FY 13** MHC projects having contact with approximately 1400 individuals, over the age of 18 years, through outreach and in-reach services.

**b. Number of those adults or emancipated youth contacted who are literally homeless**

Approximately, 30% or 420 of the individuals contacted through PATH will be “literally homeless” as defined by; living in encampments, on the street, in cars, buildings with no utilities, and short-term shelters. PATH Outreach will place increased priority and emphasis on providing street and encampment outreach to the under-served populations in the community; thereby increasing the numbers of “literally homeless” enrolled into PATH programming.

**c. Number of those contacted who will be enrolled in PATH.**

MHC projects of 1400 individuals contacted; approximately 900 individuals will meet the criteria for PATH services and be enrolled into PATH programming.

- 3. Collaboration with HUD Continuum of Care Program** –Program Manager or other members of the MHC PATH Homeless Services Team participate and attend in monthly GAPS (Continuum of Care) Meetings held at the Nashville Rescue Mission. MHC collaborates with many agencies of the continuum by sharing community resources, identifying trends, and educating one another of programs and services available to homeless individuals in the community.
- 4. Collaboration with Local Community Organizations – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.** Mental Health Cooperative has maintained partnerships with community agencies since the tenure of the program. Ongoing partnerships with Nashville Rescue Mission, Family Life Center, and Community Care Fellowship (aka. “Ken and Carol’s”) have resulted in these agencies providing locations for office space for the PATH Team. Additionally, each of these agencies has dedicated time two times a month for the PATH Team to provide a mobile clinic to homeless individuals. Staff coordinates with the outreach specialist and team provider to identify individuals in need of immediate support, assessment, medication management, and referrals to crisis/diversion services or other mental health outpatient services.

At the request of Metro Police Department, outreach specialist accompany police officers and community liaisons to previously identified encampments to provide support, resources, and referrals to homeless individuals staying in wooded areas, abandoned properties, or illegally residing in habitations not suitable for living. These combined efforts increase contact with difficult to locate individuals and decrease number of recurring arrest for violations often committed by those who are homeless.

Coordination of physical health care for those diagnosed with HIV/AIDS occurs through collaboration with Nashville Cares, First Response Center, and Comprehensive Care Center of Vanderbilt. Highly vulnerable individuals are linked and referred to services with these agencies for ongoing treatment and monitoring of HIV/AIDS. Individuals are case managed by a (non-PATH funded) mental health specialist at Mental Health Cooperative, who also serves as an educator to both PATH staff and community partners by providing trainings and resources to outreach specialist.

Mental Health Cooperative works closely with Park Center SOAR Program to appropriately identify homeless individuals eligible for SSI/SSDI benefits and identify housing options through Park Center safe haven, supportive housing, and emerging adult programs.

Mental Health Cooperative collaborates with many other agencies to develop, expand, and maintain resources for homeless individuals. They include, but are not limited to; Metro Social Services, Davidson County Sheriff's Office, East Nashville Cooperative Ministries, MDHA, Room at the Inn, The Hope Center, East Nashville Cooperative Ministries, Oasis Center, YWCA Domestic Violence Center, Loaves and Fishes, Veterans Administration, Downtown Presbyterian Church, Downtown Partnership, Eckman-Freeman Associates, Operation Stand Down, Urban Housing Solutions, United Neighborhood Health Services, Social Security Administration, Mid Cumberland Resource Center, Buffalo Valley Inc., and many local halfway houses, group homes, and boarding homes.

**5. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

**a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

PATH Funds provide salary and resources to outreach specialist providing outreach/in reach to homeless individuals in the area. Outreach specialist will identify homeless individuals in the community and identify locations being developed as encampments or uninhabitable residences for individuals. In addition to providing linkage to services for those staying at or near homeless shelters, outreach specialist will focus on street and bridge outreach and locating encampments. Outreach specialist will maintain familiarity with available resources, referring to Mental Health Cooperative's case management services for those willing and eligible for services due to a severe, persistent mental illness. MHC PATH Homeless Services Team consists of case managers (partially PATH funded). These case managers meet daily with outreach specialist providing seamless referral and assistance

in completing short and long term treatment goals. Individuals assigned to a PATH case manager will meet with case managers a minimum of 2 times/month for assistance in locating and applying for housing, advocacy, and assistance in accessing resources and completing referrals to primary care providers, housing providers, alcohol and drug treatment, and other needs identified by the consumer during completion of treatment plans. PATH funds supplement the salary for the PATH provider, allowing psychiatric evaluations, crisis assessments, and med management for individuals contacted, referred and integrated into Mental Health Cooperative's outpatient services.

**b. Describe any gaps that exist in the current service systems.**

Historically, lack of transportation, medications, and copayment funds all provide obstacles in providing stability and consistency to the individuals who are homeless. Though bus passes are beneficial, they are not always the most effective means of transportation to and from appointments. Outreach specialist often serve as the means of transportation to the initial intake appointment, but transportation to ongoing appointments is limited, decreasing attendance for follow up appointments. Access to funds to provide copayment for medications is often limited, though necessary to provide the mental stability needed to allow individuals the ability to accurately communicate their history, goals, and maintain follow up with providers. Without access to medications, symptoms persist often resulting in the inability for the individual to actively engage in treatment or be accepted into programs due to lack of willingness or compliance.

Newly identified barriers include, lack of housing options for felons and sex offenders, limited family shelters, and lack of structured day programs/shelters for individuals who are homeless. Few housing providers develop housing with the intent of housing a sex offenders or felons; therefore little consideration is given to the location of the residence. Few options exist to provide affordable, well managed, housing options for individuals with a history of these offenses. As a result sex offenders and felons remain on the streets and homeless, often violating probation and parole. Secondly, only two family shelters are known to be in the Davidson County area. Age limitations for males to reside at the Family Life Center prevent mothers with adolescent children from having the structure and stability needed to ensure a safe and nurturing environment for children. Males with children are often forced to stay on the streets or in local motels if funding is available. Currently Sophia's House and Family Shelter of Davidson County are used for family shelters. Thirdly, eligibility for participation in day programs is largely contingent upon insurance; leaving homeless individuals few opportunities to interact with others in a structured, productive environment. Limited day shelters or programs decreases the likelihood for continued, consistent contact with homeless individuals, often resulting in the ability to

locate individuals when needed to attend appointments or provide follow up information.

Other barriers include, lack of resources for LBGT community, long waiting list for housing often resulting in losing contact with the individual prior to receiving acceptance into a particular program or residence, stricter requirements for Safety Net eligibility.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

The following services are available both to service recipient with serious mental illness and to those with co-occurring serious mental illness and substance use disorder. The outreach specialist will provide services to individuals who lack housing, are in imminent risk of becoming homeless, or are literally homeless and living in locations not suitable for human habitation. Outreach specialist will identify individuals living on the streets, in encampments, in cars, under bridges and in short-term shelters through outreach and in-reach methods. Outreach specialist will develop relationships with community service organizations, criminal justice liaisons, churches, private residents and at other locations where individuals might seek shelter or assistance. They will continue to maintain good working relationships with these organizations to better serve the homeless in Davidson, Montgomery and surrounding counties. Outreach specialist will assist in linking frequently incarcerated, homeless individuals with outpatient community services and housing resources at the time of release from jail. All specialists will advocate for homeless seeking any type of services, though the priority will be placed on homeless individuals with mental illness. They will refer individuals to the appropriate services to ensure emotional/mental health, physical health, alcohol/drug, housing, financial, vocation, and social issues are met in the manner of the consumer's choosing. There will be a monitoring of the transition of individuals into referrals services such as case management, housing, medical care, etc. Since building trust and relationships with homeless individuals can take time, the amount of contact an individual may require will be unlimited to ensure seamless and smooth transition and integration into an appropriate system of care. Efforts and monitoring will be made to link consumers to the appropriate services within the first 90 days of enrollment into the PATH program, whenever possible. Case managers will advocate for appropriate resources needed for individuals to gain treatment needed to obtain and maintain physical and psychiatric stability.

Case Managers will work with individuals to develop a treatment plan of short and long terms goals within the first 10-30 days of contact, addressing emotional/mental, physical health, housing, financial goals first.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff.**

MHC services include one of the only ACT teams in Middle Tennessee. While assisting PATH clients to find housing, permanent supportive housing is the first option when appropriate. Also, the MHC staff works closely with the locally funded SOAR team at Park Center to assure access for PATH clients to this service. MHC is committed to providing training in evidence based practices and other relevant and helpful trainings to PATH-funded staff. Our contracts with other payors allow us to provide funds for these trainings. MHC also has an on-site Director of Staff Development responsible for selecting appropriate trainings, ensuring appropriate accrual of CEU's, and providing supervision for license eligible staff.

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**

Currently Mental Health Cooperative is not using the HMIS system to enter data for those served in PATH services. Nashville CoC has recently migrated from a locally programmed HMIS to Bowman system and hired a new HMIS Director. Implementation of this new system is under way. Some, but not all members of PATH staff have been trained in the new HMIS system data-entry. Due to documentation duplication and HIPAA considerations, discussions are planned between MHC management and HMIS Coordinators to customize HMIS to meet the needs of Mental Health Cooperative and be in compliance with federal standards including PATH reporting.

MHC is in process of implementing a new certified electronic medical record system known as, Netsmart TIER. During FY13, MHC will work to coordinate efforts with HMIS system coordinators to see how Netsmart TIER will be able to integrate with the HMIS system. Heather Hoffman, HMIS Coordinator will be meeting with Mark Wisniewski, Chief Information Officer in the next 12 months to begin this process.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans.**

Mental Health Cooperative partners with Operation Stand Down, Outreach Coordinator, Denis Huey. Operation Stand Down is a local non-profit veterans' service agency that provides services in four major components: service centers, employment services, transitional housing, and annual stand down events specifically for veterans. MHC outreach specialist and OSD Outreach Specialist often team up to do street outreach allowing each specialist to provide the appropriate resource and referrals based on their level of expertise and specialty of service. In FY13, MHC will expand efforts to become better informed of resources available to veterans through continued participation of the Continuum of Care meetings and participation in trainings specifically focused on veterans' resources. Outreach specialist will attend trainings specific to mental health issues for veterans as early as May



23<sup>rd</sup>, 2012 at Skyline Medical PTSD and the Combat Veteran facilitated by Dr. Janet Richman.

**g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

Mental Health Cooperative facilitates and coordinates agency and community-wide events to assist consumers in overcoming barriers to accessing services. MHC often sponsors agency-wide fund-raisers in the form of cookouts, annual golf tournaments, and art benefits to raise both awareness and funds for individuals with mental illness. Funds are used for items such as basic needs, co-payments funds, rental deposits, utilities deposits, and dental costs. The PATH team has 100% participation in the annual project homeless connect each year; completing registrations prior to and the day of the event. MHC allows other members of staff to volunteer at the event each year. In March 2012, approximately thirty-two staff members from MHC participated in the annual event which allowed homeless the opportunity to access housing, medical, mental health services and a variety of other resources.

Mental Health Cooperative has identified an outreach specialist to become efficiently trained in completing the SOAR referral process for eligible, homeless individuals. This individual splits his time doing street outreach as well as attending local SOAR Network meetings, interviewing possible referrals and completing the SOAR process with homeless individuals identified by MHC to be high utilizers of diversions services and hospitals. Since 2008, MHC has received 46 referrals, successfully completing 12 SOAR claims. For FY13, MHC has agreed to identify a funding source and create a position with responsibility of identifying homeless individuals in need of benefits to create access to effective services such as income, housing, medications, and insurance. The outreach specialist in Montgomery County will be trained in completing SOAR applications and will assist individuals utilizing HUD funded Shelter Plus Care housing to become self-sufficient in paying for affordable housing options in the community.

**6. Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**

As previously mentioned, Mental Health Cooperative is not using the HMIS system to enter data for those served in PATH services. Some, but not all members of PATH staff have been trained in HMIS system data-entry. Due to documentation duplication and HIPAA considerations, discussions are under way between management and Nashville's HMIS Coordinators to customize HMIS to meet the needs of Mental Health Cooperative and be in compliance with federal standards. Data is currently kept in electronic medical record (CRM) and entered

on a daily basis by outreach and case managers at the time of enrollment until discharge. Admissions, discharges, progress notes, housing changes, income status, diagnostic information are all kept in CRM.

MHC is in process of implementing a new certified electronic medical record system known as, Netsmart TIER. During FY13, MHC will work to coordinate efforts with HMIS system coordinators to see how Netsmart TIER will be able to integrate with the HMIS system. Heather Hoffman, HMIS Coordinator will be meeting with Mark Wisniewski, Chief Information Officer in the next 12 months to begin this process.

*Projected timeline for HMIS implementation:*

- *3-6 months* – PATH staff identified as SOAR Specialist to become trained in HMIS and begin using this system to make referrals to Urban Housing Solutions for SOAR Housing First model.
- *6 months*- MHC Chief Information Officer and HMIS Coordinator meet.
- *12 months*- 100% of all staff trained in HMIS Systems and data entry.
- *18 months* – projected Netsmart TIER medical system goes “live” at MHC.
- *24 months* – MHC Chief Information Officer and HMIS Coordinator meet to discuss integration of HMIS with new electronic medical record.

**7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**

Housing can be secured through the Mental Health Cooperative’s Housing Coordination program, which attempts to maintain several housing options available for consumers. These housing options include group homes, boarding homes, independent living arrangements, roommate situations, and single room occupancies.

MHC contracts with Park Center Housing/Safe Haven to provide one male and one female bed for the homeless population. An individual can use this bed for up to 30 days rent-free. These consumers may have recently been discharged from psychiatric hospitalization or need to stabilize on medications. Most often individuals referred to these beds are identified by PATH outreach specialist or case managers and use this placement as transitional housing until benefits are secured through SOAR or assistance in collaboration with Social Security Administration.

MHC is working collaboratively with the Nashville Rescue Mission to provide mental health beds at the mission for men that are just recently released from a psychiatric hospital, have had a medication adjustment, or are unable to congregate with the general homeless population due to their mental illness. This program provides 10 beds for homeless, male individuals with mental illness. These consumers can remain in these beds for up to 90 days.

MHC receives HUD Shelter plus Care funds in the Clarksville-Montgomery County area to provide 15- Shelter plus Care vouchers for chronically homeless individuals, with mental illness. Outreach specialist provides referrals for this program and assists the individuals in obtaining benefits by way of the SOAR model. MHC provides case management to individuals housed in this program. By utilizing independent living subsidies (ILS), which are administered through MHC, other agencies' and church funds that assist financially, the Outreach Specialist are able to obtain deposit and rent assistance. The Family Life Center, Nashville Rescue Mission, Room at the Inn, and other shelter programs are helpful to consumers who do not qualify for emergency housing programs.

**8. Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.**

The PATH Team consists of three African-American outreach specialists, one Caucasian outreach specialist. Three of the outreach specialists are male, one is female. Three of the case managers are male, two African-American and one Caucasian. One case management position is currently vacant. The non-PATH Funded Ryan White Mental Health Specialist, working with uninsured, homeless individuals is female, Caucasian. The Team Lead, Provider, Registered Nurse, and Program Manager are Caucasian. The Team Lead is a male. Provider, RN, and Program Manager are female.

MHC does not discriminate against any mentally ill consumer on the basis of race, gender, sexual orientation, religion, age, or national/ethnic origin. All service eligible consumers will be provided with access to all services and treatment programs.

Mental Health Cooperative provides a Cultural Awareness Committee responsible for providing policies, procedures, and training steps to ensure staff are aware and sensitive to diverse populations served by MHC. Policy #10-095, Limited English Proficiency, states MHC will assess consumers for limited English proficiency. Interpreter services should be provided to persons served by MHC assessed to have limited English proficiency.

All MHC staff complete annual courses including Cultural Diversity and Cultural Issues in Mental Health through the Essential Learning program. Certificates of completion are available for each staff member upon completion of the course.

**9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

MHC projects PATH outreach specialist will have approximately 1400 individual contacts for FY13. Of the 1400 individual contacts approximately 900-1000 of

these individuals will meet the PATH criteria and be enrolled into the PATH program. Approximately, 40% of the individuals enrolled into PATH will be "literally homeless" as defined by; living in encampments, on the street, in cars, buildings with no utilities, and short-term shelters. PATH Outreach will place increased priority and emphasis on providing street/encampment outreach to the under-served populations in the community; thereby increasing the numbers of "literally homeless" enrolled individuals. Of the 900-1000 individuals enrolled, 200 consumers will be integrated into mental health services at Mental Health Cooperative, either through case management or Safety Net services. Approximately, 40% of those served will be African American, 50% will be Caucasian, and 10% other race or ethnicity.

Mental Health Cooperative will continue to track demographic information in two forms, including the CRM Medical Record as well as outreach logs submitted on a weekly basis.

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.**

MHC involves consumers and family members of consumers in the planning, implementation, and evaluation of services through our Consumer Advisory Committee. This committee meets to address services within the agency. Recommendations are reviewed and implemented as appropriate. MHC also provides PATH surveys to homeless individuals being transferred from PATH Case Management services to traditional ACT Case Management Services, once housing and resources have been obtained. PATH Surveys are also completed randomly and distributed amongst homeless individuals in the community, at local shelters, and day shelters.

# PATH BUDGET

Provider: Mental Health Cooperative, Inc.				
Position	Full-time annual salary	PATH-funded FTE (%)	PATH-funded salary	Total
Outreach Specialist	\$29,000	46%	\$13,215	
Case Manager II	\$33,600	100%	\$33,600	
Case Manager	\$33,000	100%	\$33,000	
Outreach Specialist	\$31,500	100%	\$31,500	
Team Leader	\$35,672	100%	\$35,672	
Outreach Specialist	\$39,561	100%	\$39,561	
Outreach Specialist	\$30,450	100%	\$30,450	
Case Manager	\$31,500	100%	\$31,500	
<b>Position subtotal</b>				\$248,498
<b>Benefits subtotal</b>				
<b>Travel</b>				
<b>Equipment</b>				
<b>Supplies</b>				
<b>Contractual</b>				
<b>Other</b>				\$12,717
<b>TOTAL DIRECT</b>				\$12,717
<b>Indirect Costs</b>				
<b>PATH Program TOTAL</b>				<b>\$261,215</b>

**C. INTENDED USE PLAN --Helen Ross McNabb**

**1. Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including:**

- a. agency name and type of organization:** Helen Ross McNabb Center (HRMC) is a private, not-for-profit, regional community mental health facility. HRMC began serving the community's children in 1948 and has since evolved into a comprehensive regional system of care that provides mental health treatment, alcohol and drug addiction services, and other social services to children, adults, and families.
- b. counties served:** HRMC serves 21 counties in East Tennessee and has over 20 locations. HRMC's PATH Program serves individuals who reside in Knoxville and Knox County
- c. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program:**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$99,660
Local Match (equals 1/3 of formula grant)	\$33,220
State Supplement funds	\$35,241
Other funds	\$0
Total	\$168,121

**2. People to be served –**

- a. Number of adults or emancipated youth to be contacted using PATH funded services in FY 13;** 206 including 190 individuals for assessment, information and referral services and 16 clients will be identified as eligible for SOAR case management
- b. Number of those adults or emancipated youth contacted who are literally homeless;** 80% or 165 of those contacted will be literally homeless.
- c. Number of those contacted who will be enrolled in PATH:** 130 of those contacted will be enrolled

**The Helen Ross McNabb Center will provide the following services using PATH funds:**

- outreach services,
- screening and diagnostic treatment services
- habilitation services,
- community mental health services,
- alcohol and drug addiction treatment services,
- staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services,
- case management service,
- supportive and supervisory services in residential settings,
- Referral for primary health services, job training, educational services, and relevant housing services.
- Housing services as specified in Section 522(b) of the Public Health Service Act, including:
  - minor renovation, expansion, and repair of housing,
  - planning of housing,
  - technical assistance in applying for housing assistance,
  - improving the coordination of housing services,
  - security deposits,
  - cost associated with matching eligible homeless individuals with appropriate housing situations,
  - One time rental payments to prevent eviction.
  - SOAR assistance with social security benefits applications

**3. Collaboration with HUD Continuum of Care Program – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

Since opening the doors 62 years ago, the vision of Helen Ross McNabb Center has been to provide services that improve the lives and well-being of persons in the community who suffer from the most impairing disorders and the most disadvantaging social circumstances by fostering an environment where the diversity of all populations is valued and respected. Community collaboration and coordination is vital to the success of this program and working to eliminate homelessness. PATH-HRMC works with the office of “Compassion Knoxville” (Formerly known as the Ten Year Plan to End Chronic Homelessness in Knoxville) and “Project Connect”; both are elements of the East Tennessee Coalition to End Chronic Homelessness which serves as Knoxville’s Continuum of Care. PATH staff attends the Coordinated Care Meeting of the Coalition twice monthly. This meeting brings together several community agencies working with the homeless population in an effort to focus on those most in need (frequently incarcerated and/or in psychiatric hospital). Also, PATH Program staff will endeavor to incorporate participation in the HMIS system (homeless

management information system) in a manner that is consistent with the privacy standards and ethics of HRMC. HMIS is a database where agencies enter information about homeless individuals who are receiving services from their agency. Information includes demographics, history of homelessness, medical history, mental health history, etc. The goal for HMIS is to work collaboratively with local agencies to ensure individuals are receiving all needed services in an efficient manner.

**4. Collaboration with Local Community Organizations – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.**

In the Knoxville/Knox County area there are several community agencies that provide services to the homeless population; however, these agencies do not directly target the SPMI population that the PATH and SOAR Program intends to serve during SFY 13. Listed below are local agencies who serve the homeless population and who access and refer to the PATH Program for services such as permanent housing, mental health treatment, assistance in obtaining a source of income, and other linkage and advocacy services. Although this area has several agencies serving the homeless population, Helen Ross McNabb Center's PATH Program is the only program in the area that provides wraparound services and outreach for targeted SPMI homeless population.

- |  |                                |
|--|--------------------------------|
| *Salvation Army                              | *Helen Ross McNabb Center      |
| *Knox Area Rescue Ministries                 | *Coordinated Care Meeting      |
| *Peninsula Hospital                          | *Parkridge Harbor              |
| *Mobile Crisis                               | *Knox County Detention Center  |
| *Ridgeview Mental Health                     | *Public Defender's Office      |
| *Knoxville Section 8 Office                  | *Youth Villages                |
| *Knox County Community Action Committee      | *UT Legal Clinic               |
| *Child and Family Tennessee                  | *YWCA                          |
| *Department of Health and Human Services     | *Cherokee Health Systems       |
| *Home Based Employment, Inc.                 | *Housing and Urban Development |
| *Knoxville Community Development Corporation | *Ladies of Charity             |
| *Catholic Charities                          | *Angelic Ministries            |
| *Volunteer Ministries Center                 | *Knox County Housing Authority |
| *Knox County Health Department               | *Serenity Shelter              |
| *Interfaith Health Clinic                    | *Partner's Housing Committee   |
| *VA Services                                 | *Family Crisis Center          |
| *Compassion Coalition                        | *Legal Aid                     |
|  | *Volunteers of America         |
|  | *STEPS House                   |
|  | *Family Promise of Knoxville   |



**5. Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

THE HRMC PATH Program is a two-tier program. First, the program provides outreach to individuals who are homeless and have a mental illness for the purposes of screening and diagnostic treatment services. Secondly, the program provides transitional services for acquiring appropriate housing, the entitlement of benefits or employment, and community mental health treatment services geared toward to the mentally ill, dually diagnosed, and post-adolescent consumers who are generally less likely to engage readily. The delivery of services by the PATH Program is typically initiated in one of the area homeless shelters, other service agencies, or on the streets of Knoxville. At the initial contact, the homeless outreach worker will screen the individual to determine whether or not he/she is mentally ill and meets the eligibility requirements of the PATH Program, requires on-going services, or information/referral only. Outreach services will include assessment in the community, information and referral resources, pre-vocational services, transportation, basic needs acquisition, supportive counseling, and/or case management services. Case management services offered through the homeless program consists of engagement of the consumer into mental health treatment, technical assistance in apply for housing assistance, locating and securing permanent housing through assisting the consumer with security deposits, first month’s rent, one-time rental payment to prevent eviction, or utility assistance. For those clients who are unwilling or unable, due to persistent mental illness, to comply with the traditional PATH model persons will continue to be engaged in order to establish a rapport with the perspective client and case managers may work with client on a “creative outreach” basis to ensure that the individuals needs are being met.

The HRMC PATH/SOAR Case manager will be engaging and working with the same population and utilizing the same methods for identification or perspective clients as a traditional PATH case manager, with the exception that they will focus on identifying clients who meet criteria to be receiving SSI/SSDI, but are not currently receiving these benefits. In addition to providing the services listed above, the SOAR case manager will aid clients with applying for SSI/SSDI utilizing the SOAR process. Additionally, the SOAR case manager will also act as a trainer, guide, and liaison for other case managers throughout the East Tennessee Region who work with the same target population to aid them in utilizing the SOAR process in applying for SSI/SSDI for their own clients.

PATH and SOAR will continue to foster strong relationships and encourage and accept referrals from our local area shelters, food pantries, soup kitchens, jails, police, housing agencies, other mental health providers, other agencies that target the homeless population, and with local community leaders, and well as, actively seeking out the homeless in our community by visiting areas where the homeless are known to congregate. In addition our SOAR case manager will conduct both local and regional trainings to educate other case managers who target the same population on how to use the SOAR process to obtain SSI/SSDI for those who would qualify. Our SOAR case manager will also act as a service coordinator to act as a "bridge" for other agencies in both Knoxville, and throughout East Tennessee, who need guidance in navigating the Social Security Disabilities Claims process.

**b. Describe any gaps that exist in the current service systems.**

The attainment of appropriate and affordable housing continues to be a challenge in this area. Individuals with poor credit history, poor rental/housing history, previous evictions, outstanding debts to prior landlords, and/or criminal record face many obstacles when applying for housing through Knoxville Community Development Corporation, Section 8 Housing Voucher Program, Knox County Housing Authority, and Housing and Urban Development Corporation. Additionally, in order to make subsidized housing safer and more suitable, local housing authorities have constructed barriers that make qualifying for housing more difficult for the mentally ill. For individuals who are covered under Tennessee's Managed Care Company, Americhoice and Value Options, mental health services continue to be reduced or difficult to access. Even with the addition of the State's Safety Net Program, some individuals still have difficulty obtaining mental health treatment and/or getting prescriptions filled. Many homeless individuals in our community do not have TennCare coverage and have to be referred to community health facilities who offer indigent programs; however, this poses a problem due to appointments being scheduled several months out, as well as issues with funding restraints. With the economic crisis in our community we have seen a sharp increase in the number of people who are in imminent threat of homelessness or near homelessness. Though there are programs to assist this population such as PATH/HOP, LIHEAP, and a few other organizations in Knoxville, for the past year the need has far outweighed the demand. Also, with the economic crisis we have seen a sharp increase in SPMI first time homeless. In fact we have seen a reversing in our enrollees. Two years ago the largest consumer groups accessing PATH services were African American and white males. This year's numbers show that the trend has reversed. For the past 3 quarters white females have been the largest consumer group of PATH services, many of whom are first time homeless. This population's special needs will need to be considered and accounted for as they have special needs which must be met in order to avoid a decline into chronic homelessness. As this "new" type of homeless client enters the system and begins accessing resources the traditional, long term chronically

homeless and SPMI population have found themselves competing for resources and the time of case managers. In general There is ongoing active, and lively conversation about the issue of homelessness in Knoxville, but even as the community seeks to address these issues the needs of the homeless far out-weigh the services and money available to aid them on a practical level.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

In August of 1997, The Helen Ross McNabb Center merged with Detoxification Rehabilitation Institute, creating an range of treatment options for individuals who are homeless and have a need for both addiction services and mental health services. In addition to the services for people with serious mental illness described above, this program is offered to individuals who have no insurance and need both addiction and mental health services. The PATH Program also accesses other area resources for inpatient detoxification, intensive outpatient, and AA/NA support groups in the community.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff**

HRMC provides the only PACT team in East Tennessee which includes supportive services for formerly homeless individuals in permanent housing thereby providing Permanent Supportive Housing. As mentioned above, PATH staff includes the Regional SOAR coordinator which includes access to this evidenced-based practice for McNabb's PATH clients. HRMC provides to its entire staff various trainings throughout the year to enhance the knowledge and capabilities of its all of its staff including PATH and SOAR. PATH/SOAR case managers will complete 5 hours of trainings per year, but are encouraged to attend more. In addition all PATH case managers are also required to train and be certified in CPR and First Aid. Examples of trainings offered by HRMC include trainings on Communicable Disease Prevention, New Medication's trainings, Crisis Prevention Intervention & Therapeutic Holding, Knoxville Gang Awareness, and several other training opportunities all of which are made available to PATH staff. Staff is also required to complete training modules as it applies to CARF standards (Commission on Accreditation of Rehabilitative Facilities).

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**

Trainings in the use and implementation of HMIS have been provided to PATH staff in the past. HRMC has extremely high standards for the protection of all of HRMC's client's data and treatment information. All privacy standards in regards to client's personal information must meet HIPPA, and CARF standards. HRMC does have concerns regarding the privacy of client data in the HMIS system. HRMC is aware of the future need to include PATH

data in HMIS. PATH, HMIS and HRMC will continue to work towards a consensus. PATH does ask clients to sign a standard voluntary HMIS release of information, but at the moment we do not enter any of HRMC's clients into the HMIS database. PATH staff is currently, actively working with HRMC to develop a system that will meet the needs of the state, the Continuum of Care, and HRMC.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans.**

Aside from the standard forms of outreach at shelters and in the community, PATH works closely with and accepts referrals from the Volunteers of America (an agency that provides outreach and aid to homeless veterans.) PATH also coordinates with the Homeless Outreach component of the Veterans Administration and the HUD-VASH program representative. Also PATH actively participates once a year in "Stand Down." Stand Down is a community led effort to identify homeless vets and provide them with information about services in Knoxville for which they qualify. During this event PATH offers both information about PATH, referral services, and seeks to identify and engage perspective clients.

**g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

As described earlier The Helen Ross Center is an acknowledged community leader in the area of services and treatment of clients with a dual diagnosis. In August of 1997, The Helen Ross McNabb Center merged with Detoxification Rehabilitation Institute, creating a range of treatment options for individuals who are homeless and have a need for both addiction services and mental health services. The Helen Ross McNabb Center has always, and will continue, to seek out those with mental health and substance abuse issues as a priority to aid those clients mental health treatment, specialized case management for those with a dual-diagnosis, a medical detox center, inpatient and outpatient drug and alcohol treatment, with linkage and referral services for follow-up and several other services not listed. The Helen Ross McNabb Center/PATH is also a leading advocate in the community for clients with mental and substance abuse issues and conducts trainings within the community in an effort to create awareness about the special needs of these clients. One example of this would be HRMC's involvement, collaboration and training of police officers as to the special needs of the SPMI population including sensitivity about the issues of co morbidity of mental illness and substance abuse.

**6. Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**

The PATH team leader will work with HRMC and our local HMIS office in developing a plan to review the expectation of HMIS data reporting. The plan will be to discuss the unique features of a community mental health center in regard to documentation in conjunction with HMIS data expectations. The Helen Ross McNabb Center is currently in the process of completely redesigning how it handles electronic data and is in the process of adopting this new system. PATH team leader was asked to be part of the decision making process and provide input on the needs of PATH within this new system. HMIS Data and its integration into the new system was discussed. HRMC will work with PATH to endeavor to create a system of integration that meets all HRMC client privacy requirements as well as a streamlined system for data entry and retrieval.

**7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**

Traditional housing remains consistently available through Section 8 Housing, Knoxville Community Development Corp (KCDC) , group homes, and other forms of subsidized housing. HRMC currently operates three complexes for the SPMI population in Knox County which not only provides housing, but also case management, as well as a new facility designed specifically to meet the needs of single parents with children. For the most difficult to house individuals, rental assistance is made available through the Tennessee Department of Mental Health Rental Assistance Program. Housing assistance is a major priority of the HRMC PATH Program; therefore, all consumers eligible for PATH case management services are offered technical assistance in planning and applying for housing. Also, the HRMC PATH Program staff has worked to build relationships with local private landlords who have affordable housing options for individuals that may have bad credit history, no rental history, and/or a criminal record. Beyond rendering tangible assistance, PATH Program staff actively participates in the East Tennessee Coalition to End Chronic Homelessness to improve the coordination of housing services for the homeless in the Knoxville/Knox County area. PATH continues to collaborate with, and actively participate in the Coordinated Care Meeting in an effort to find ways to better serve Knoxville/Knox County's homeless population. The members of this committee meet to discuss chronically homeless individuals who require a more intensive, collaborative effort from different agencies in the community to ensure they can locate, attain, and maintain housing.

**8. Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.**

Employees of the Helen Ross McNabb Centers PATH program are one white male (PATH), one white female (PATH/SOAR), and one African-American male (PATH.) The Helen Ross McNabb Center does not discriminate on the basis of race, color, creed, sex, age, national origin, and sexual orientation, physical or

mental disability. To ensure that all employees of the Helen Ross McNabb Center are culturally sensitive and competent, the center provides ongoing services that address diversity. The staff at HRMC is required to complete 5 hours of training each year in regards to cultural competency. Staff members are also required to complete training modules as it applies to CARF standards (Commission on Accreditation of Rehabilitative Facilities).

**9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

The Helen Ross McNabb PATH Program's client population is as follows: 33% are between the ages of 18-34, 38% are between the ages of 35-49, and 29% are ages 50+. 60% are Caucasian, 34% are African American, and 6% are Native Hawaiian or other Pacific Islander. 41% are males and 58% are females. HRMC proposes to serve 190 individuals for assessment, information and referral services during the course of FY 11-12 for PATH homeless services. In addition to traditional PATH services 16 clients will be identified as eligible for SOAR case management. The percentage of individuals served with PATH Funds who are projected to be "literally" homeless is 80%. The percentage of individuals "literally" homeless served by SOAR will be 80%.

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.**

The Helen Ross McNabb Center actively pursues input from consumers and family members in the planning, implementation, and evaluation of our services through a number of different avenues. Clients are encouraged to participate by filling out surveys which not only collect the clients feeling about the program in the form of multiple choice questions, but also asks clients for the input about changes that could be made to the program to make our services more effective. Also, information and data collection are gathered from both consumers and family members through the East Tennessee Coalition to End Homelessness and HMIS. In addition, involvement with area shelter directors and homeless advocates provides vital information for programming. The HRMC PATH Program does not utilize volunteers. Also, this program does not have a separate governing or formal advisory board, outside of the overall HRMC boards.

# PATH BUDGET

Provider: Helen Ross McNabb Center				
Position	Full-time annual salary	PATH-funded FTE (%)	PATH-funded salary	Total
Dir. Of Adult MH services	\$69,791	.10 FTE	\$6,979	
Program Coordinator	\$33, 980	.40 FTE	\$13,592	
Homeless Outreach Team Leader	\$29,902	1.0 FTE	\$29,902	
Case Manager Outreach Worker	\$28,710	.50 FTE	\$14,335	
SOAR Outreach Coordinator	\$25,681	1.0 FTE	\$25,681	
<b>Position subtotal</b>				\$90,509
<b>Benefits subtotal</b>				\$20,820
<b>Travel</b>				\$9,000
<b>Equipment</b>				\$2,500
<b>Supplies</b>				\$2,500
<b>Contractual</b>				\$0
<b>Other</b>				\$16,554
<b>TOTAL DIRECT</b>				\$141,883
<b>Indirect Costs</b>				\$26,238
<b>PATH Program TOTAL</b>				\$168,121

PATH funds pay for 100% of one full time case manager and 50% for 1 part time case manager who provides outreach and case management to the target population. SOAR funds pay for 100% of one case manager who also provides outreach and direct case management, and also acts as a SOAR regional trainer for the East Tennessee region. The funds also pay for 40% of a person who coordinates the program, and 10% of the Director who also oversees the program. \$26,238 will be allocated for indirect costs.

**C. INTENDED USE PLAN -Volunteer Behavioral Health**

**1. Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including:**

- a. agency name:** Volunteer Behavioral Health
- b. type of organization:** Community Mental Health Center
- c. counties served,** Hamilton, Rutherford, and Putnam
- d. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$193,660.00
Local Match (equals 1/3 of formula grant)	\$64,554.00
State Supplement funds	\$70,482.00
Other funds	
Total	\$328,696.00

**2. People to be served –**

- a. Number of adults or emancipated youth to be contacted using PATH funded services in FY 13** It is estimated that approximately 425 adults and emancipated youth will be contacted using PATH funds.
- b. Number of those adults or emancipated youth contacted who are literally homeless** It is estimated that 265 will be literally homeless.
- c. Number of those contacted who will be enrolled in PATH.** It is estimated that approximately 280 will be enrolled in PATH.

**3. Collaboration with HUD Continuum of Care Program – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

The PATH program serving Hamilton County through Joseph Johnson Mental Health Center/Volunteer Behavioral Health is currently participating in HUD Continuum of Care via The Homeless Coalition of Chattanooga. The PATH Coordinator participates in the Homeless Coalition meetings and the Shelter Project which is determining the need and possible funding sources for a new homeless shelter in Chattanooga.

Rutherford County PATH providers educate the public about the Continuum of Care and find qualified applicants in the community that become a part of this program. PATH helps the housing authority get the necessary match money for



the Continuum of Care. PATH staff is in charge of the "street count" for the point in time count of the homeless that is required by HUD each year. PATH is an active voice for the homeless at the Mayor's Homeless Task Force meetings at city hall once a month.

The PATH program serving Putnam County serving The Upper Cumberland through Plateau Mental Health Center/Volunteer Behavioral Health is currently participating in HUD Continuum of Care via The Homeless Coalition of The Upper Cumberland. Participation includes being a member of the outreach committee for the UCCoC, participating in the point-in-time count, and educating the community on homelessness with luncheons, and other activities still in the planning stages. PATH professionals attend monthly meeting with the UCCoC, as well as outreach committee meetings bi-monthly.

**4. Collaboration with Local Community Organizations – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.**

**a. Chattanooga:**

- Chattanooga Rescue Mission Shelter, Chattanooga Room In The Inn and Salvation Army Shelter, These local shelters provide safe emergency shelter to homeless individuals in the greater Chattanooga area. The PATH case manager has a relationship whereby clients who are identified by shelter staff as needing PATH services are referred to the PATH program.
- Chattanooga Consider The Lillies Thrift Store. This thrift store located on the same block as the Homeless Healthcare Center where PATH Case manager is located is utilized by the PATH Case manager for obtaining clothing for job interviews and emergency clothing as well. Several clients who were housed received household items through Consider The Lillies Thrift Store.
- The Partnership For Families Children and Adults The PATH Case manager encourages PATH clients to take advantage of the many services offered by PFCA including counseling and support services, crisis and emergency services, and consumer credit counseling services.
- The Homeless Healthcare Clinic- The PATH case manager coordinates on a daily basis with the Homeless Healthcare Center by making referrals for primary health care and higher levels of care through a partnership through Erlanger Hospital.
- Chattanooga Alcohol/Drug Abuse Services (CADAS) The PATH case manager receives regular referrals from the CADAS staff and PATH case manager also assists clients with accessing drug and alcohol treatment through CADAS inpatient detoxification and drug/alcohol abuse programs.

- Chattanooga Cares The PATH case manager works with the staff at Chattanooga Cares, a local agency to provide AIDS education, prevention and support to PATH clients by assisting those who are homeless with a mental illness receive mental health services under the PATH program as well as advocacy and information and referral.
- Chattanooga Community Kitchen PATH clients are encouraged to take advantage of the services that the Chattanooga Community Kitchen offers including free meals, free clothing vouchers, free facilities to bathe and wash their clothing.
- The Chattanooga Housing Authority The PATH case manager has worked closely with the Chattanooga Housing Authority by assisting clients in referrals and accessing safe affordable housing through the Chattanooga Housing Authority.
- The AIM Center The PATH Case Manager works closely with Gina Turley, AIM Center Housing Facilitator, in helping clients gain affordable housing in one of several AIM Center Housing units. The AIM Center also provides job training, GED classes and life skills education.
- Moccasin Bend Mental Health Institute Many of the PATH referrals come directly from Moccasin Bend Mental Health Institute as part of their discharge plan. If a client needs a level of care above what is offered at Joseph Johnson Mental Health Center they are often referred to Moccasin Bend for more acute treatment.
- The Chattanooga Food Bank PATH clients are given food box vouchers on an as needed basis which allows them enough food for approximately two weeks.
- The Homeless Coalition works to develop and facilitate community actions that move homeless individuals and families to self-sufficiency and permanent housing. The PATH case manager attends Homeless Coalition meetings.

**b. Rutherford County:**

- Murfreesboro Housing Authority provides housing to PATH clients through referrals that are generated by both agencies.
- Spring Valley, Imperial Gardens and Midtown Estates provide section 8 housing to PATH clients by appointment.
- Murfreesboro Health Department and The Hope Clinic provide primary health care services to PATH clients by appointment.
- The Guidance Center provides mental health care and substance abuse services to PATH clients by appointment.
- Vocation Rehabilitation and Goodwill career solutions provide job training and placement for PATH clients by appointment.
- Salvation Army and Room in the Inn provide shelter for PATH clients on a first come first serve basis.
- Domestic Violence provides shelter to those with police reports of DV by referral.

- Greenhouse Ministries provide sober living apartments for PATH clients as well as a food pantry, GED and computer classes.
- Rutherford County food bank provides food boxes once a month to PATH clients by appointment.
- The Journey Home provides hot meals daily, showers, storage, clothing and supportive living apartments for PATH clients on a first come first serve basis.
- The Outreach Thrift Store provides emergency clothing and household items for PATH clients by referral.

**c. Putnam County**

- Cookeville Rescue Mission – short term shelter for local homeless. PATH professionals have a relationship with the shelter workers, and those who are found at the shelter that need the PATH program are referred.
- Bread of Life – short term shelter in Crossville, TN. PATH professionals have a relationship with the shelter workers, and those who are found at the shelter that need the PATH program are referred.
- Room in the Inn – runs only during the winter months. Ran by First United Methodist Church, Cookeville. Allows those who are homeless, one night in a sheltered place, food, and gives resources. Referrals go back and forth between the two programs.
- Cookeville Housing Authority & Crossville Housing Authority – both work together as one, and PATH uses them as a resource when looking to house clients.
- Upper Cumberland Human Resource Agency (UCHRA) – offers job searches and electricity help when funds are available. UCHRA is responsible for at least 30% of the clients that have come through the PATH program in the last year.
- Local churches – many of the local churches offer some sort of outreach assistance including electricity help, food, emergency shelter, and clothing. There are several local churches included in this and are responsible for at least 15% of the clients that have come through the PATH program in the last year.
- Another Chance Recovery – located in Baxter, TN is a group home for males recovering from addiction issues. Men can stay up to one year. PATH professionals have a relationship with the group home staff and referrals go back and forth between the two programs.
- Dismas House – located in Cookeville, TN is a group home for males who have recently been released from jail, and are currently on probation. Men can stay up to one year. PATH professionals have a relationship with the group home staff and referrals go back and forth between the two programs.
- Maranatha House – located in Gainesboro, TN is a group of houses and apartments for women and children. No adult men are allowed. The housing is free and job training and search is available. Once women receive a job, they are required to start paying a percentage of their

electric bill. PATH professionals have a relationship with the Maranatha Staff and referrals go back and forth between the two programs.

**5. Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

**a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

In Chattanooga, prioritizing case management and street outreach will be achieved by increasing the amount of homeless camp visits and collaborating with existing homeless outreach providers to ensure maximum coverage and education regarding new and previously unknown homeless sites. At first contact, case manager will educate potential PATH client about available case management services.

In Rutherford County, PATH employees will focus on street outreach and seek out homeless camps as well as build relationships with the homeless communities. PATH employees will provide case management to the chronically homeless population and help get their basic needs met. We will help those that are literally homeless find shelter and permanent housing by paying rent and deposits. We will help provide transportation to needed services such as health and mental health care.

In Putnam County, PATH staff will increase street outreach, and seek out encampments with the help from local police departments and other organizations. Case Management will be offered to individuals by the PATH staff. Individuals will be linked into treatment needed for mental health concerns. Those who are homeless or at risk of homelessness will receive financial help to move into permanent housing, or help to maintain their current housing.

**b. Describe any gaps that exist in the current service systems.**

Gaps in current services in Hamilton County include: Securing reliable funding for mental health medication prescribed to PATH clients and accessing transportation to the agencies that serve the homeless population on a regular basis.

Lack of available housing, adequate short term shelter facilities that allow a consumer to work a second or third shift job while maintaining shelter privileges, housing facilities for those individuals who have prior felony convictions and or drug charges, adequate respite care shelters, securing funding for mental health (psychotropic ) medications prescribed to clients, and transportation to needed services.

Rutherford County needs more shelter space and more low income housing, such as housing based on income and single room occupancies. There are not enough group homes to refer clients and our community needs more transitional housing.

Short term or emergency shelter is needed in the entire Upper Cumberland region. More income based or low income housing is also needed. Assisted housing for older individuals is also a need.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

In Chattanooga, clients can access a free drug and alcohol treatment program known as the VIP (Victory In Progress) program offered free of charge through the Homeless Healthcare Center Monday through Friday 8 a.m.- 2 p.m. CADAS (Chattanooga Alcohol and Drug Abuse Services) offers detoxification and inpatient/outpatient services with some being free of charge. Recently Joe Johnson Mental Health Center's Crisis Stabilization Unit began offering an alcohol detoxification program at no charge. There are also support groups for clients with Co-Occurring Disorders as well.

In Rutherford County, outpatient services at The Guidance Center such as, medication management, therapy, case management, IOP, Choices, A&D OP therapy, DUI offenders classes. Health Department and Hope clinic provides limited OP treatment for A&D disorders. Buffalo Valley and Vanderbilt provide inpatient services for those with co-occurring disorders. MTMHI provides inpatient treatment for those that have a serious mental illness. First Things First provides sober living facilities for those in recovery.

Plateau Mental Health in Putnam County offers an inpatient clinic for those with drug and alcohol addictions, as well as support once the recovery has begun, including My Recovery, Connecting My Recovery, and IOP, as well as receiving med management, counseling, case management, and 24-7 crisis assistance.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff.**

Volunteer staff as well as PATH staff are required to complete many hours of training through the E-Learning website. The PATH case managers also receive training via The Homeless Healthcare Center as well. PATH Coordinator has received SAMHSA toolkit training and apply the information learned in Supportive Employment, IMR, and Co-occurring Disorders. PATH professionals are also trained in and are actively working in the SOAR process. A total of 5 SOAR applications have been started in the Cookeville office.

- e. **Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**

All PATH case managers have received training on the HMIS systems used by their local CoCs and are currently entering PATH data into these systems.

- f. **Describe the local provider agency's efforts to identify and serve homeless veterans.**

Hamilton PATH case managers screen all clients regarding military background and often make referrals to Dan Paupp, Department of Veterans Affairs Veteran Benefit Representative. All PATH case managers have attended training to ensure awareness of all possible benefits for our homeless veterans.

Rutherford PATH staff currently collaborates with VA staff to identify homeless veterans and get them integrated into local VA services

Putnam PATH professionals works with the VA staff to identify homeless veterans and referrals go back and forth between the two agencies.

- g. **Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

Hamilton Since many of these programs are offered at no cost, transportation is one of the biggest barriers faced by clients. The PATH program often provides transportation or offers bus tickets to alleviate this.

Rutherford PATH staff helps homeless individuals with mental and substance abuse disorders gets free cell phones so they can stay in contact with needed supportive services. Provide transportation to the facilities that serve this population.

Putnam

- My recovery is offered, which allows clients to stay connected with their recovery coaches via the internet.
- Individuals are assisted in getting cell phones through the government that is free to them that will allow them to stay connected with their treatment providers.

6. **Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**

Hamilton and Putnam PATH providers are currently involved in HMIS and will send any new employees to their training class when needed.

Rutherford PATH staff is currently entering PATH data into the local HMIS system. PATH staff has been fully trained by the local HMIS coordinator at the Murfreesboro Housing Authority. PATH staff will continue to participate in local HMIS training

**7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**

The PATH program currently assists clients with access to housing by assisting clients with rental deposits. PATH employees also maintain close contact with housing providers who notify us of new openings, and available units. PATH also works with The Chattanooga Housing Authority via vouchers for apartments whenever possible.

Rutherford The most preferable housing is Shelter Plus Care vouchers through Murfreesboro Housing Authority. Rental properties such as apartments, houses and mobile homes are provided by private owners. Halfway homes and Group homes are provided by private owners that are licensed through the state.

Putnam The PATH program currently assists clients with access to housing by assisting clients with rental deposits. PATH employees also maintain close contact with housing providers who notify us of new openings, and available units. PATH also works with The Cookeville and Crossville Housing Authority via vouchers for apartments whenever possible.

**8. Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.**

Hamilton PATH staff- white male age 44 Volunteer Behavioral Health requires ongoing training in cultural competence through the E-Learning system. The Homeless Healthcare Center, where case manager's office is located also provides training in cultural competence as well.

Rutherford PATH staff are two white males, ages 35 and 26. Volunteer Behavioral Health Staff provide services to all individuals without regard to race, color, creed, religion, sex, age, national origin, physical or mental disability, or veteran's status. Volunteer is fully committed to assuring equal and fair treatment to all. PATH staff recently attended the annual PATH network meeting that provided training on cultural competence and also have to pass courses on Client Rights and Patient's Rights and Cultural Diversity. VBHCS provides a translator when needed for the homeless to access appropriate services.

Putnam PATH staff- white male age 44 Volunteer Behavioral Health requires ongoing training in cultural competence through the E-Learning system. The

Homeless Healthcare Center, where case manager's office is located also provides training in cultural competence as well.

**9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

Hamilton the average demographics of the population served by the PATH program are as follows: 65% Caucasian 32% African American and 3% Hispanic with 58% being male and 42% female the majority of clients served fall into the 35-49 age range. PATH staff will make contact with a 200 homeless individuals, 140 of those will be literally homeless and approximately 155 will be enrolled.

Rutherford the client population is 49% male and 51% female; 30% are from 18-34 years old, 55% are from 35-49 years old, 14% are from 50-64 years old and 1% are from 65-74 years old; 79% are white, 16% are black, 3% are Hispanic, 1% are Asian and 1% are other. PATH staff will contact 125 homeless individuals, enroll 75 and 50 of those contacted will be literally homeless.

Putnam the average demographics of the population served by the PATH program are as follows: 73% Caucasian and 8% African American, 33% male and 41% female, percentages divided by ages are 18-34 28%, 35-49 29%, 50-64 15%, and 64+ 8%. PATH staff will make contact with a 100 homeless individuals, 75 of those will be literally homeless and approximately 50 will be enrolled.

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.**

PATH enrollees at all locations completed a consumer satisfaction survey as they leave the PATH program. The results of these surveys are used to evaluate and modify the program services when indicated. PATH participants are also the main resources for the PATH program when it comes to finding the best and worst approach to ending homelessness in our area and identifying potential PATH participants. Homeless individuals with mental illness attend the Homeless Coalition meetings and give input that is utilized by the PATH Coordinators in all locations. Although not aware of any PATH eligible clients serving on any governing or formal advisory boards, we will continue to look for ways to involve homeless clients with mental illnesses in the PATH planning processes and explore other options for people who have experienced homelessness to advise on program planning and operations.



# PATH BUDGET

Provider: Volunteer Behavioral Health Care System				
Position	Full-time annual salary	PATH-funded FTE (%)	PATH-funded salary	Total
Outreach Coordinator	28,700.00	100%	28,700.00	
Outreach Coordinator	28,700.00	100%	28,700.00	
Outreach Coordinator	28,700.00	100%	28,700.00	
Homeless Case Manager	12,300.00	50%	12,300.00	
Homeless Case Manager	12,300.00	50%	12,300.00	
Homeless Case Manager	12,300.00	50%	12,300.00	
Soar Coordinator	24,600.00	100%	24,600.00	
<b>Position subtotal</b>				147,600.00
<b>Benefits subtotal</b>				32,472.00
<b>Travel</b>				9,103.00
<b>Equipment</b>				0
<b>Supplies</b>				3,900.00
<b>Contractual</b>				
<b>Other</b>				81,810.00
<b>TOTAL DIRECT</b>				274,885.00
<b>Indirect Costs</b>				53,811.00
<b>PATH Program TOTAL</b>				328,696.00

## **C. INTENDED USE PLAN-- Case Management, Inc**

### **1. Local Provider Description**

**a. Agency Name:** Case Management Incorporated

**b. Type of Organization**

Case Management Incorporated (CMI) is the local non-profit organization to receive PATH funds for the Memphis, Shelby County, Tennessee area. Case Management Inc is a community mental health center. Established in 1990, the agency currently has three administrative offices located at 4041 Knight Arnold, 1087 Alice Avenue and 14 North Bellevue. Case Management Inc. provides an array of services to meet the needs of the community. These services include but are not limited to; psychiatric evaluations, medications, and Case Management Services. The agency also provides prevention services for youth and HIV/AIDS services. CMI has an extensive residential program that serves a variety of populations in the community. CMI provides a food pantry, the S.M.I.L.E program, housing for mothers with A&D issues, children and youth services, independent living assistance, homeless prevention assistance, the SOAR program and VOCA services.

**c. Counties Served**

Currently CMI's PATH Program serves Shelby, Fayette, Tipton Counties in Tennessee

**d. Amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$115,000
Local Match (equals 1/3 of formula grant)	\$38,333
State Supplement funds	\$53,302
Other funds	
Total	\$206,635

### **2. People to be served:**

**a. Number of adults or emancipated youth to be contacted using PATH funded services in FY 13**

The projected number of emancipated youth and/or adults to be contacted in FY 2013 is three hundred and fifty.

**b. Number of those adults or emancipated youth contacted who are literally homeless.**

The intent of Case Management Incorporated is that 90% or 288 of consumers served with PATH funds are “literally” homeless.

**c. Number of those contacted who will be enrolled in PATH**

Two hundred and fifty adults and/or emancipated youth will be enrolled in the PATH program during FY 2013.

**3. Collaboration with HUD Continuum of Care Program**

Employee's of the PATH program and its manager participate in all planning meetings, trainings and events facilitated by the local HUD Continuum of Care. The PATH Program also enters information into the Homeless Management Information System managed by the local HUD Continuum of Care. Case Management Special Services Staff also serve on the local Continuum of Care's committee's for HMIS and Outreach.

**4. Collaboration with Local Community Organizations**

There are a number of community organizations that provide key services to the PATH program. They include the Regional Medical Center, Hope and Healing Center, Hope Works, Memphis Union Mission, Memphis Health Center, Memphis Mental Health Institute, Community Alliance for the Homeless, First Congregational Church, Calvary Street Church, Sacred Heart Church, Mississippi Boulevard Church, the Salvation Army, Manna House, Living for Christ Restoration House, Memphis Shelby County Health Department, The local Veteran's Administration, the Hospitality Hub and The Peer Center. Many of these agencies refer consumers to the PATH program; some agencies such as Christ Community Center and Memphis Health Center provide medical services for PATH consumers who do not have insurance. The Memphis Union Mission, Calvary Rescue Mission, Sisters of Charity and Living for Christ Restoration House emergency shelter for PATH consumers until other means of housing can be found. Peabody House Emergency Shelter and Friends for Life, Inc. provide housing and other HIV/AIDS related services to PATH consumers who are HIV/AIDS positive. MIFA (Metropolitan Inter-Faith Association) provides emergency food, housing and clothing for PATH consumers.

**5. Service Provision**

**a. How the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

The PATH program is now utilizing the Vulnerability Index to assess consumer's needs at the point of contact during outreach. Consumers who are the most vulnerable will be those that are literally homeless or chronically homeless and who meet one or more of the nine areas of heightened risk factors from the Vulnerability Index. The specific services to be provided include 1) outreach, 2) screenings and diagnostic services, 3) community

mental health services, 4) case management, 5) habilitation and rehabilitation services, 6) housing location and referral services, 7) referrals for primary health care services 8) referrals for job training, education, 9) outreach and translation services to the Hispanic community, 10) referrals for alcohol and drug services, 11) security deposits and one-time rental payments to prevent eviction, 12) medication, 13) supportive and supervisory services in housing 14) assistance in applying for SSI/SSDI benefits through the SOAR program. Providing these services to “literally” and chronically homeless individuals who are most vulnerable aligns with the PATH Program’s goal to reduce and eliminate homelessness for individuals with serious mental illnesses or co-occurring substance use disorders.

**b. Describe any gaps that exist in the current service systems**

There are a number of gaps in mental health and other needed services that are encountered by the PATH program. An ongoing gap is the lack of affordable and decent housing with supportive services for the homeless, mentally ill, low-to-no income consumer. There is also a significant gap in available emergency housing for individuals diagnosed with a mental illness and co-occurring substance use disorder. Homeless individuals also experience issues with securing transportation without insurance or steady income. The PATH program provides bus passes but it does not meet all of the transportation needs of consumers who are working hard to transition from homelessness.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

Each of the mental health centers in the Memphis, Shelby County area provides services to persons with a serious mental illness and substance use disorders. In addition, a number of other services are available. They include alcohol and drug education groups twice weekly and individual alcohol and drug outpatient services by Case Management Inc. staff. St. Francis Hospital and the Cocaine Alcohol Awareness program (CAAP) provide both inpatient and outpatient alcohol and drug treatment. Inpatient services can also be received at Dozier House and Lakeside Behavioral Health Hospital. All A&D licensed outpatient and residential programs are certified as at least Co-occurring Capable.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff**

Case Management Inc. (CMI) coordinates with local Permanent Supportive Housing providers to secure placements for PATH enrollees. One of the CMI PATH-supported positions serves as the SOAR regional coordinator helping promote and enhance the quality of SOAR applications from West Tennessee. CMI also supports the staff of the PATH program attending all local trainings on evidenced based practices. If trainings are fee based CMI

pays the fees from its administrative funds. PATH funding does not cover the cost of training for CMI staff.

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS**

PATH data is entered into HMIS by the PATH Program Coordinator on a daily to weekly basis. The Program Coordinator was trained to use the Homeless Management Information System on December 28, 2005 and has been entering information solely for the PATH program since 2009. The local HMIS administrator provides training as needed on system updates and for people newly assigned to enter data.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans**

The heart of the PATH program is its outreach and case management services. All staff complete outreach on a daily to weekly basis to identify homeless individuals, including veterans who need help. An initial list of locations is used to identify sites to be visited on a regular basis, including homeless shelters, transitional housing programs, church programs, county social service agencies, soup kitchens and places where homeless people are known to gather. Veterans are identified and enrolled in the program during street outreach. Once enrolled in the program PATH staff members refer veterans for mental health services at Case Management Inc. Veterans are referred to the local Veterans Administration for variety of services and benefits, such as medical care, housing programs, job training, and prevention services.

**g. Describe the local providers agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

CMI's PATH program intends to link individuals diagnosed with mental and substance use disorders with programs that focus on treating substance abuse and addictions, improving emotional health and understanding of mental illnesses to sustain recovery and promote being housed in the community. Each program participant will be assessed as he or she enters the program and that participant will be referred to programs and local agencies that provide needed services. The PATH case managers act as an advocate for PATH program participants helping to complete applications, finding resources and accompanying PATH enrollee's to appointments and interviews. Once program participants have begun the discharge process PATH program case managers refer program participants to a mainstream case management program for continued success.

**6. Data**

The PATH program is fully utilizing HMIS for services provided by the program. All staff members are aware of the Homeless Management Information System

and its purposes and one staff member enters PATH data for the program. Staff members submit their information to be entered as they contact and enroll new PATH program participants. When new staff members join the PATH Team they are trained on the purpose of the Homeless Management Information System and how to submit information to be entered into HMIS. The PATH program is currently working with Community Alliance for the Homeless and other homeless outreach providers to develop a common form to be utilized for data entry in HMIS. This data will alert outreach workers to other services that outreach recipients are receiving from all providers participating in HMIS.

## **7. Access to Housing**

The PATH case managers coordinate all housing services for PATH eligible clients. The majority of shelter beds are provided through the Union Mission for males and the Sisters for Charity and The Salvation Army for women. Peabody House Emergency Shelter provides housing for consumers who are HIV positive. Consumers are also referred for various other housing programs for which they may be eligible. These include but are not limited to Family Haven Apartments, Dozier House, Genesis House, Memphis Family Shelter, and Metropolitan Inter-Faith Association's housing.

Case Management Inc's PATH staff refers to several of Case Management's housing programs including the 610 Poplar program for chronically homeless mentally ill males, the Alice Avenue Project for homeless mentally ill females; and Holmes Road, a coed housing project for homeless, mentally ill adults. All these facilities are permanent housing programs. Case Management has one scattered site permanent housing program that PATH staff refer to which is the City of Memphis' Shelter Plus Care program. The PATH staff also refer to Case Management Inc.'s TBRA program which is a two year housing assistance program. Program participants are also referred to Frayser Family Counseling's Northwood Hills program.

## **8. Staff Information**

The current PATH program staff is comprised of six staff members; one Caucasian male, two African American females, and three African American males. All employees of Case Management Inc. are required to adhere to the agency policy that does not allow discrimination on the basis of race, gender, sexual orientation, religion, national or ethnic orientation, or age in the provision of services. All employees receive annual training regarding cultural diversity, homeless issues, mental health illness, and appropriate client/staff relationships. Staff also receive monthly trainings and attend the annual PATH training in Nashville, TN. The agency continues to recruit employees that are representative of the racial/ethnic diversity of the clients served through the PATH program. The PATH program has access to the Shelby County Language Line in order to provide better accessibility for and to individuals of none English speaking origin. The Shelby County Language Line provides assistance with any language spoken in the world.

#### **9. Client Information**

Although CMI's PATH Program does not provide services based on race, gender, religion, national/ethnic orientation, or age there is a trend in the demographics of Consumers served. The PATH program projects 250 enrollees into the PATH program while making initial contact with 350 individuals. About seventy percent of PATH program participants are African American and twenty-seven percent are Caucasian while less than three percent of program participants are from other ethnic backgrounds. Among program participants around 65% are male and 35% are female.

#### **10. Consumer Involvement**

Upon entry into the PATH program emergency contact and family member information is requested. All PATH program participants and their family members are encouraged to take part in the PATH program process to ensure a higher success rate for PATH program participants. The PATH program employs one part time formerly homeless consumer with a mental illness. This individual is an invaluable asset to the program, providing a consumer's perspective to the development of policies and procedures for the program. The PATH program distributes satisfaction surveys on a monthly basis to consumers of the PATH program. The responses are reviewed and evaluated and improvements are implemented as necessary.

## PATH BUDGET

<b>Provider: Case Management Inc.</b>				
<b>Position</b>	<b>Full-time annual salary</b>	<b>PATH-funded FTE (%)</b>	<b>PATH-funded salary</b>	<b>Total</b>
PATH Program Coordinator	\$30,504	100%	\$30,504	
PATH Case Manager	\$28,800	100%	\$28,800	
PATH SOAR Specialist	\$26,520	100%	\$26,520	
PATH Peer Counselor	\$9,804	100%	\$9,804	
PATH Case Manager	\$22,000	100%	\$22,000	
PATH Outreach Case Manager	\$25,000	100%	\$25,000	
Position subtotal				\$142,628
Benefits subtotal				\$25,674
Travel				
Equipment				
Supplies				
Contractual				
Other (Match)				\$38,333
TOTAL DIRECT				
Indirect Costs				
<b>PATH Program TOTAL</b>				<b>\$206,635</b>



**C. INTENDED USE PLAN-- Johnson City Downtown Clinic – East Tennessee State University College of Nursing**

**1. Local Provider Description**

- a. **Agency name:** Johnson City Downtown Clinic and Day Center for Homeless and Indigent (JCDTC).
- b. **Type of organization:** JCDC is a federally qualified health center (FQHC) that is managed by East Tennessee State University, College of Nursing (ETSU-CON). The Day Center provides primary and mental health care to homeless and recently homeless. The JCDTC is a non-profit, nurse managed clinic that provides primary physical and mental health care to homeless, indigent and TennCare clients six days per week with extended hours in the evening. As a service of a public university, the clinic is operated as part of a public not-for-profit entity. The JCDTC receives federal funding to operate as a Consolidated Health Center/Healthcare for the Homeless/Migrant Health Center ((CHC/HCH/MHC) in Northeast Tennessee. The JCDTC is designated as a Health Professional Shortage Area (HPSA) facility.
- c. **Counties served:** JCDTC and the Day Center serve Washington, Carter, Unicoi, Sullivan and Greene County.

**d. Amount and Source of PATH Funds:**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$102,00.00
Local Match (equals 1/3 of formula grant)	\$34,000.00
State Supplement funds	35,241.00
Other funds	
Total	\$171,241.00

**2. People to be served –**

- a. **Number of adults or emancipated youth to be contacted using PATH funded services in FY 13:** A minimum of 400 outreach contacts and 100 additional PATH eligibility screening will occur.
- b. **Number of those adults or emancipated youth contacted who are literally homeless:** It is projected that at least 80% or 400 of PATH clients will be “literally” homeless.
- c. **Number of those contacted who will be enrolled in PATH:** The JCDTC PATH program will provide a full array of services to a minimum of 100 newly identified PATH eligible clients for the fiscal year. In addition to new PATH

eligible client services, the JCDTC will continue to provide direct service to over 100 already identified PATH eligible clients who have been or are being transitioned to CMHC services. Many of these clients have fallen out of those services, or refuse all or some of those services, and therefore require ongoing PATH related services.

**3. Collaboration with HUD Continuum of Care Program:**

The geographical area served by the JCDTC PATH program does have a HUD funded Continuum of Care Program and the JCDTC is an active participant of the program. PATH clients have access to transitional housing through the HUD Continuum of Care. The JCDTC's most chronic homeless clients will have access to permanent supportive housing through the HUD Continuum of Care. The Appalachian Regional Coalition to End Homelessness (ARCH), which is a public, private partnership, is working to address these needs of homeless clients. The coalition is comprised of representatives from local agencies including the JCDTC, Frontier Health, Inc., Good Samaritan, Fairview Housing, Salvation Army, Haven of Rest Mission, and Hope Haven Rescue Mission. PATH staff attend monthly ARCH meetings as well as any trainings they offer. Representatives from government agencies such as the City of Johnson City, TN, City of Kingsport, TN and City of Bristol, TN as well as several local businesses also participate in ARCH. The JCDTC is a participant in the HMIS homeless management information system.

**4. Collaboration with Local Community Organizations:**

Several local agencies provide services to PATH eligible clients including temporary shelters such as the Salvation Army, Safe Passage, Inner Faith Hospitality Network and the Haven of Mercy. Food and social support are provided by the Melting Pot, Haven of Mercy, Salvation Army, Second Harvest, Loaves of Fishes, and Good Samaritan. The JCDTC Day Center also provides food assistance. Housing services for PATH eligible clients are coordinated with East Tennessee Veterans Resources, Kingsport Housing and Redevelopment Agency (shelter plus care housing program), ARCH and the Johnson City Housing Authority. Frontier Health, Inc., the local CMHC, provides crisis and out-patient psychiatric services, along with the James H. Quillen Veterans Medical Center and Mountain States Health Alliance who provide in-patient psychiatric services. Primary health care services are provided on-site at the JCDTC as well as the day shelter. Associated Pathologists and Mountain States Health Alliance provide laboratory services.

**5. Service Provision:**

- a. **Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless:**

Staff will engage in outreach activities several times per week. The local shelters, soup kitchens, known encampments and the public library will be visited by PATH staff. PATH staff will also maintain weekly contact with local hospitals and police departments. Regular meetings and in-services are provided to the local psychiatric hospital in order to coordinate care of PATH clients. PATH staff will continue do outreach to rural areas as many families are now residing in abandoned structures.

**b. Describe any gaps that exist in the current service systems:**

Housing continues to be a significant barrier. Many of our clients are unable to obtain public housing due to having a prior felony. The Shelter Plus Care Housing Program has very limited space and it is not uncommon for clients to have to wait at least nine months before they can obtain housing. Access to care barriers continues to be one of the most significant service gaps for PATH eligible individuals and families who continue to have trouble assessing traditional mental health services. This gap continues to decrease opportunities to bridge clients from PATH to local treatment options and makes attainment of stable housing difficult. Access to substance abuse treatment is an extremely significant problem in our region. Further complicating the access to care issue, the closing of Lake Shore will make it more challenging for PATH clients to access inpatient hospitalization. Access to services is often restricted related to lack of health insurance or other fiscal resources and process of care issues. Lack of health insurance continues to be a major barrier to mental health care, especially for those clients whose TennCare was discontinued. Without insurance or fiscal resources, access to needed services or sustainability of current services such as psychotropic medications is problematic. Access to psychotropic medications continues to be the most problematic gap in the current system. When clients are bridged to the local CMHC, it continues to take at least one month before they are able to see a prescriber, often leading to clinical destabilization. Lack of available and affordable housing for PATH clients continues to impact availability of services. It is often difficult for clients to obtain housing due to inability to pay security deposits. Maintaining housing can be difficult when clients experience financial stressors related to unemployment or psychiatric symptom exacerbation. Due to the economy more families are becoming homeless and it is difficult to find housing for them and keep the family unit intact.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder:**

JCDTC PATH staff will continue to work with community agencies to increase availability of, and access to, services for dually diagnosed PATH clients. JCDTC PATH services for dually diagnosed clients will continue to include the use of a non-traditional, non-abstinence model at the initiation of services. Group therapy and AA meetings will be conducted on-site at the JCDTC Day Shelter by a LCSW. In-patient detoxification services are coordinated with

Mountain States Health Alliance or the VA. Primary care services are provided at the Day Shelter in addition to the JCDTC site. On site GED training will also be provided at the Day Center.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff:**

Monthly in-services are provided to PATH staff every month. All of content in in-services are evidence based practices. Additionally, several staff attend annual conferences regarding the care of clients with psychiatric disorders. Many of the conference sessions discuss care of clients who are experiencing homelessness and a mental illness.

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS:**

The PATH case manager has been trained on how to use HMIS by the director of our local COC. The Day Center coordinator has provided training to our volunteers and staff on how to use HMIS. Our local COC (ARCH) has offered many trainings on how to use the new HMIS system and they have a staff member that is devoted to the HMIS system. They are always available to answer any questions or concerns regarding HMIS.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans:**

A social worker from the local VA visits the Day Center several times per month. Also, the Salvation Army now has a transitional housing program for veterans. PATH staff have weekly contact with the director of this new program at the Salvation Army.

**g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless:**

As previously mentioned, access to care for substance abuse disorders is extremely challenging. The Day Center does conduct weekly AA meetings on site. A psychiatric nurse practitioner is available to provide counseling and/or pharmacologic interventions. PATH staff maintains weekly contact with service providers in our region. Frontier Health case managers visit the Day Center one day per week to work to coordinate services.

**6. Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff:**

The PATH case manager has been trained on how to use HMIS by the director of our local COC. The Day Center coordinator has provided training to our volunteers and staff on how to use HMIS. We are in the beginning stages of migrating all our PATH data in to HMIS. Currently we are working on getting all

current PATH clients enrolled into the HMIS system. We will continue to attend any training offered by our local COC ARCH that will help us use the new HMIS system. As of July 1, 2012 all PATH clients will be enrolled in HMIS.

**7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency):**

Housing continues to be a critical initiative of PATH services. The JCDTC PATH program will continue to offer some assistance with security deposits and one time rental payments to prevent eviction from housing when needed. Every PATH eligible client is provided with a thorough review of housing needs and options. Those clients desiring housing are actively supported through case management, referrals, and coordination with the housing resources of Frontier Health, Inc. The JCDTC continues a cooperative effort with the local SRO providers in the community to give preference to JCDTC PATH clients and to work with the JCDTC when problems arise with a housed client's behavior in order to prevent loss of housing. PATH clients with co-occurring serious mental illness and substance abuse disorders are given preference for placement at Manna House, a transitional housing facility for dually diagnosed clients, and the Johnson City Downtown Apartments. There are thirty permanent supportive housing units available for the chronically mentally ill in our region. The Salvation Army in Johnson City now offers transitional housing for homeless clients. Housing options: Eligible clients are enrolled in the Shelter Plus Care Housing Program which is a HUD grant utilized by Kingsport Housing and Redevelopment Authority. If a PATH client isn't eligible for SPC then we would then try our local housing authority, JCHA.

**8. Staff Information:**

Three of the staff are from the Appalachian region and possess regional awareness and sensitivity to the special needs of individuals from the Appalachian culture and of the population served by PATH services. The majority of PATH staff are female and between the age group of 30-50. Also, 2 PATH consumers continue to volunteer full-time at the day center and serve on the board of the Johnson City Downtown Clinic. The Primary Health Services for Hispanics and Migrants initiative, funded by the CDC, is still housed at the JCDTC and continues to provide more opportunities for PATH staff to work with the Hispanic population. Outreach is provided to the migrant camps during farming season. Interpreters are available at the Day Center and also go to the migrant camps with PATH staff. The staff of the JCDTC PATH program undergoes cultural competency staff development training twice a year and attend a mandatory, annual cultural diversity workshop.

**9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless:**

The primary service area for the JCDTC PATH program is Washington County, Tennessee, a non-urban county, with an estimated 2009 population of 120,598. Although the county is considered the service area, and includes Johnson City, ETSU, and the JCDTC, the clinic attracts clients from the entire northeast Tennessee region. Washington County is a partially designated Medically Underserved Area (MUA). The number of homeless persons in the service area continues to rise. Northeast Tennessee continues to witness enormous growth in the Hispanic population, including migrant farm workers who often experience homelessness. According to the US Census 2000 data, there was a 218% increase in the Hispanic population of Washington County since the US census 1990. However, the majority of adult clients who are homeless are Caucasians. Although approximately 60% of PATH clients are male, the number of female clients has increased and is expected to increase further during FY 2012. Additionally, 30% of PATH clients are between the ages of 50-64, 30% between the ages of 35-49 and 30% between the ages of 18-34. The most common diagnosis of PATH clients is affective disorders with psychotic disorders being the second most common. Approximately 50% of PATH clients have a co-occurring substance abuse disorder. A minimum of 400 outreach contacts and 100 additional PATH eligibility screening will occur. It is projected that at least 80% of PATH clients will be "literally" homeless.

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards:**

Consumer involvement is an integral part of the JCDTC PATH program. All PATH-eligible clients are the leaders of their treatment planning terms and have input at every level of service planning. When new services, or modifications of present services, are planned, consumer input is solicited and is part of the active planning. As part of compliance with the performance measures for the PATH grant, consumer surveys are administered to at least 35% of enrolled clients. Informal forums for PATH clients are held to provide a mechanism to solicit feedback from clients regarding PATH funded services. A governing board for the JCDTC has been created and now meets on a monthly basis. The governing board has been incorporated as a 501(c)(3) board and includes 51% users among the 19 members. Two members are PATH clients and also volunteer at the day center on a full-time basis. Lastly, the constituency of the Johnson City Coalition membership includes identification of consumers.

## PATH BUDGET

<b>Provider: Johnson City Downtown Clinic – ETSU Nursing College</b>				
<b>Position</b>	<b>Full-time annual salary</b>	<b>PATH-funded FTE (%)</b>	<b>PATH-funded salary</b>	<b>Total</b>
Psych Nurse Practitioner/ Supervisor	\$71,342	40%	\$28,536	
Nurse Practitioner	\$68,623	10%	\$6,862	
Clinical Assistant	\$23,083	10%	\$2,308	
Clinic Coordinator	\$36,735	90%	\$33,063	
Tech Clerk	\$21,136	20%	\$4,227	
Family Nurse Practitioner	\$68,623	20%	\$13,725	
Family Nurse Practitioner	\$68,623	10%	\$6,862	
Clinical Assistant	\$23,083	10%	\$2,308	
Clinical Assistant	\$23,083	10%	\$2,308	
<b>Position subtotal</b>				<b>\$100,199.00</b>
<b>Benefits subtotal</b>				<b>\$47,508.00</b>
<b>Travel</b>				<b>\$2,000.00</b>
<b>Equipment</b>				<b>\$450.00</b>
<b>Supplies</b>				<b>\$3,305.00</b>
<b>Contractual</b>				<b>\$10,000.00</b>
<b>Other</b>				<b>\$2,500.00</b>
<b>TOTAL DIRECT</b>				
<b>Indirect Costs</b>				<b>\$5,279.00</b>
<b>PATH Program TOTAL</b>				<b>\$171,241.00</b>

**C. INTENDED USE PLAN-- PATHWAYS**

**1. Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including:**

- a. agency name--** Pathways of Tennessee, Inc
- b. type of organization--** Community mental health center
- c. counties served--** Hardeman, Henderson, Haywood, and Madison.
- d. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$58,500.00
Local Match (equals 1/3 of formula grant)	\$19,500.00
State Supplement funds	\$35,241.00
Other funds	
Total	\$113,241.00

**2. People to be served –**

- a. Number of adults or emancipated youth to be contacted using PATH funded services in FY 13--225**
- b. Number of those adults or emancipated youth contacted who are literally homeless—80% or 180**
- c. Number of those contacted who will be enrolled in PATH – 168 of whom 146 will be literally homeless.**

**3. Collaboration with HUD Continuum of Care Program – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

PATH employees are active in the West Tennessee HUD Continuum of Care program. They are responsible for coordinating services for Shelter Plus Care vouchers. They are active in the annual point in time count for the homeless population. They work very closely with Area Relief Ministries that conducts the Room in the Inn program. They provide mental health and substance abuse training for those agencies working with the homeless population.

**4. Collaboration with Local Community Organizations – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse,**



**housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.**

The Pathways of Tennessee, Inc. PATH program will collaborate with West Tennessee agencies to provide the needed services and outreach to those adults that are considered "literally homeless."

- West Tennessee Legal Services partners with the PATH program by providing assistance with legal matters for some individuals in the community.
- The PATH program coordinates services with the Crisis Stabilization Unit (CSU) to provide linkage services for individuals discharging from the CSU.
- Aspell Manor Recovery Center, Area Relief Ministries, Regional Inter-Faith Association, Southwest Human Resource Agency, West Tennessee Housing Network, Jackson Housing Authority Shelter Plus Care and local Law Enforcement CIT and Homeless task force are all partners in reducing the number of homeless individuals and providing appropriate care and treatment for the target population.
- The PATH program coordinates with all of these agencies to provide services to the target population through community network meetings, one-to-one referrals, as well as other means of outreach.
- The PATH program participates with many of these agencies in the monthly WTHRN, Inc. / Tennessee Homeless Solutions Continuum of Care meetings.
- The PATH program coordinates with local pharmacies, Health Departments, medical clinics, and/or primary care agencies to coordinate services for the target population. Pathways of Tennessee, Inc.
- PATH program is part of West Tennessee Healthcare and has several affiliates located throughout rural West Tennessee that provide primary health to the clients in need.

**5. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

The Pathways of Tennessee, Inc. PATH program will utilize funding to enhance street outreach and case management services for the target population. Homeless individuals without insurance will work with the PATH case manager to get enrolled in the TennCare system and then be referred for mental health case management as needed. Funding will be set aside to provide meals and supplies for those individuals that are considered "literally homeless" during the transition of obtaining housing.

- b. Describe any gaps that exist in the current service systems.**

The community providers have identified emergency shelters and transitional housing as gaps in services for this area. The Area Relief Ministries along

with many local churches provides shelter for men during the months of November – April. The months outside of this time frame, there are no available shelters for men in this area.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

Pathways of Tennessee, Inc. has received certification as a Co-occurring enhanced provider, with all staff having received co-occurring training. The psychiatrist at Pathways has received Board Certification in Addictions. Aspell Manor provides housing for those individuals struggling with addictions. The local law enforcement has partnered with Pathways of Tennessee, Inc. to help meet the needs of clients who present with a serious mental illness and/or a substance use disorder. The CIT and the homeless task force will bring clients into the Crisis Triage for assessment and follow-up treatment.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff**

Pathways of Tennessee, Inc. PATH program has provided evidence-based trainings for the PATH case managers. They have received training in Motivational Interviewing, Seeking Safety as well as crisis intervention. During the next fiscal year we will focus on Assertive Community Treatment (ACT) for the case managers.

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**

Pathways of Tennessee, Inc. is actively involved in submitting data to the HMIS system for clients from PATH that meet eligibility for Shelter Plus Care. During fiscal year 2013, Pathways will begin including all of PATH clients into the HMIS system.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans.**

The PATH program coordinates with the local Veterans Administration office to increase outreach and services to homeless veterans.

**g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

Pathways of Tennessee, Inc. PATH program is part of West Tennessee Healthcare. This organization has several affiliates located throughout rural West Tennessee that provide primary health to the clients in need. Pathways has a supportive employment program that many of the clients are referred to for services. The Jackson Housing Authority works very closely with the PATH program and getting clients enrolled in the Shelter Plus Care Program as well as other affordable housing options.

- 6. Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**

Pathways PATH program currently pays for the implementation of the HMIS program and we will continue to pay our annual fee in order to include all of the PATH clients into the system. The PATH program enters the Shelter Plus Care clients into the HMIS system, but will become more consistent in entering the PATH outreach contacts in the HMIS system.

- 7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**

Suitable permanent housing is made available through the Shelter Plus Care program in the Madison County area. Transitional housing is provided in this area through Montgomery Hall A&D Transitional Living Home and the Save Haven shelter Turning Point. The mental health link through the Shelter Plus Care program provides on-site support services for clients participating in the program. Public housing units are available through the local housing authorities, as well as vouchers for Section 8 Housing. The PATH program also partners with Aspell Manor, the Care Center, Dream Center, Area Relief Ministries in partnership with local churches and the Jackson Housing Authority for temporary and transitional housing opportunities for clients. The PATH case managers will continue to be active members of the West Tennessee Housing Network in an attempt for making suitable housing available to PATH clients.

- 8. Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence**

The demographics of the staff serving the clients; 100% are female. 50% African American and 50% White. Staff will receive annual training and will be monitored for compliance monthly during the probationary period and annually thereafter. The staff will be representative of the racial/ethnic diversity of clients as the application pool allows. Pathways of Tennessee, Inc. is an affiliate of West Tennessee Healthcare and has 24-7 access to interpreter services for any client.

- 9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

The demographics of the client population; Approximately 60% are African American, 39% are white and less than 1% are Hispanic. 60% male and 40% female. The Pathways PATH program will have approximately 225 contacts made throughout the year by way of outreach and community referrals.

The Pathways of Tennessee, Inc. PATH program will enroll approximately 75% **(168)** of the contacts into the program; 65% **(146)** of the clients enrolled will be considered "literally homeless."

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards**

Pathways of Tennessee, Inc. has Certified Peer Specialists that work in our system and we have family client representation as a member of our formal advisory board. Pathways partners with NAMI on several projects and utilizes participant satisfaction survey results in program planning.

**PATH BUDGET**

<b>Provider: PATHWAYS OF TENNESSEE, INC.</b>				
<b>Position</b>	<b>Full-time annual salary</b>	<b>PATH-funded FTE (%)</b>	<b>PATH-funded salary</b>	<b>Total</b>
PATH Coordinator	\$29,528.00	1.0	\$29,528.00	
PATH Case Manager	\$34,560.00	0.5	\$17,280.00	
Program Manager	\$40,896.00	0.46	\$18,730.00	
<b>Position subtotal</b>				\$65,538.00
<b>Benefits subtotal</b>				\$21,627.00
<b>Travel</b>				\$2,100.00
<b>Equipment</b>				\$0
<b>Supplies</b>				\$200.00
<b>Contractual</b>				\$0
<b>Other – Specific Assistance/Occupancy/Phone</b>				\$14,988.00
<b>TOTAL DIRECT</b>				
<b>Indirect Costs</b>				\$8,788.00
<b>PATH Program TOTAL</b>				\$113,241.00

**C. INTENDED USE PLAN -- Carey Counseling Center**

**1. Local Provider Description-Provide a brief description of the provider organization receiving PATH funds including:**

- a. agency name:** Carey Counseling Center, Inc.,
- b. type of organization:** Carey is a licensed community mental health agency receiving PATH funds to provide services to those outside the agency who are aged eighteen (18) and over, with serious mental illness, and homeless or at risk of being homeless as defined by the U.S. Dept. of HUD. The organization provides clinical outpatient services; adult, C&Y, and CTT case management services; mobile crisis services; individual and group therapy. The agency also administers the Emergency Shelter Grant, the Consumer Transitional Support Grant, and the Shelter Plus Care Grant. CAREY provides housing for individuals that are mentally ill in Benton, Carroll, Gibson, Henry, Lake, Obion and Weakley counties. In addition, the agency operates four (4) Peer Support Centers, sponsors a psychiatric rehabilitation program, and provides A&D services.
- c. counties served:**  
Carey Counseling Center, Inc. PATH serves the counties of Benton, Carroll, Gibson, Henry, Obion, Lake and Weakley.
- d. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program:**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$80,680
Local Match (equals 1/3 of formula grant)	\$26,893
State Supplement funds	
Other funds	
Total	\$107,573

**2. People to be served:**

- a. Number of adults or emancipated youth to be contacted using PATH funded services** 200.
- b. Number of adults or emancipated youth contacted who are literally homeless** is 100.
- c. Number of those contacted who will be enrolled in PATH** is 80 adults.

- 3. Collaboration with HUD Continuum of Care (CoC) Program- Describe the organization's participation in the HUD Continuum of Care program and any local planning, coordinating or assessment activities.**
- All PATH staff attends monthly CoC meetings.
  - PATH staff voluntarily participate in the Point in Time Count yearly
  - PATH staff participates in the CoC committees and maintain a working relationship with other CoC participants.
  - PATH case managers relay the needs of services in their service area for the homeless population to the CoC.
- 4. Collaboration with Local Community Organizations- Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination activities and policies with those organizations.**
- The CAREY PATH program coordinates services with local homeless shelters, Ministerial Alliances, law enforcement, Dept. of Human Services, Dept. of Child Services, Salvation Army, Red Cross, food banks, senior centers, other disaster relief agencies, Voc. Rehab., probation offices, career centers, housing authorities, and other community programs targeting the poor and homeless. Many of these agencies refer clients to CAREY, PATH Case Managers.
  - CAREY provides mental health, housing, substance abuse treatment, employment opportunities and refers PATH clients to local health departments, Voc. Rehabilitation and career centers for additional assistance.
  - CAREY implements Project Homeless Connect (PHC) to coordinate with community agencies/organizations by in-reaching homeless individuals with services in the fields of housing, eye care, shelters, benefits assistance, food, mental health, primary health care, career services, and many more services.
- 5. Service Provision- Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**
- a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**
- PATH staff will increase outreach activity with more drive time and group outreach.
  - PATH staff will increase rapport with area organizations such as county and city law officials, churches and hospitals that serve literally homeless or may be aware of areas where literally homeless live.

- CAREY will assist in finding and identifying individuals that are literally homeless by expanding implementation of Project Homeless Connect (PHC) to include at least 2 counties in our service area.
  - CAREY will continue to educate communities about PATH and the PATH philosophy
  - PATH staff will disburse PATH brochures during street outreach.
- b. Describe any gaps that exist in the current service systems.**
- Lack of adequate funding to provide assistance to the homeless population.
  - In some areas we find a lack of affordable housing that meets requirements provided by HUD
  - Shortage of homeless shelters willing to provide temporary shelter until permanent housing can be obtained.
  - Shortage of permanent & temporary housing for lower income individuals with felonies.
- c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder:**
- CAREY provides an array of services for individuals with co-occurring disorders such as A& D groups, individual therapy focused on A&D abuse, outpatient services and residential services as well.
  - Support groups are also available through local AA and NA chapters.
  - All residential and outpatient facilities in these counties licensed by Division of Substance Abuse Services are certified as Co-occurring Competent.
- d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff.**
- All PATH staff receives the same training in evidenced based practices as other case managers and therapists employed at CAREY and are credentialed by the Managed Care Organizations.
  - Carey provides and links PATH participants to Permanent Supportive Housing
  - Use of SOAR process has begun in this area.
- e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**
- PATH staff receives HMIS training through the local Continuum of Care (CoC) as well as training by the CAREY HMIS Administrator.
  - PATH staff currently enter PATH outreach and enrollment data into HMIS
- f. Describe the local provider agency's efforts to identify and serve homeless veterans.**

- To identify veterans, outreach will be conducted at the local Veterans Affairs (VA) centers.
  - VA services are included at the PHC Event to identify, serve and link homeless veterans to necessary services.
  - In addition, PATH Case Managers will continue to seek resources geared toward veterans through the CoC and other agencies.
- g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**
- PATH case managers work closely with CAREY's community based case managers to ensure individuals gain access the agency's wide array of services, including mental health, substance abuse services, and housing.
  - PATH case managers advocate and refer individuals to both agency and community resources to help them sustain recovery.
- 6. Data- Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**
- CAREY is already utilizing HMIS for PATH data and will continue to work with the local Continuum of Care (CoC) to make the system more PATH friendly.
  - PATH staff receives HMIS training through the local CoC, as well as training by the CAREY HMIS administrator.
  - CAREY staff plans to coordinate with the local CoC to encourage a formation of an HMIS user manual to assist new users.
- 7. Access to Housing- Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**
- Rental housing is available through various independent rental agencies, apartment complexes, private individuals. CAREY provides rentals based on Fair Market Rent or below.
  - Subsidized Housing is available through local housing authorities, and independent agencies that follow HUD requirements.
  - Supervised/Independent Living Group Homes are available through CAREY and other agencies in surrounding areas.
  - PATH Case Managers will work closely with various rental agencies/individuals and group homes to be aware of housing openings available for clients.
  - PATH Case Managers will coordinate with the CoC on available housing.
- 8. Staff Information- Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age; gender & racial/ethnic differences of clients; the extent to which staff receive periodic training in cultural competence.**



- 2 full time employees, both are white females
- According to CAREY policy, all CAREY staff, including PATH Case Managers, are required to participate in Cultural Sensitivity training on an annual basis.
- Staff is further bound by agency policies regarding discriminatory practices.
- Documentation of the training consists of attendance, pre-post testing, all of which is on file in Carey's Dept. of Human Resources.

**9. Client information- Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

- The area served consists of Lake, Obion, Weakley, Henry, Benton, Carroll, and Gibson counties in Northwest Tennessee.
- The total population of the service area, based on the 2010 U.S. Census is 201,684, of which 85% are white, 11% are African American, 2% are Hispanic, 1% are two or more races and 1% of other ethnic groups.
- Among 50 PATH participants discharged in FY 11, 10 were male and 40 female. Most were 18-34 years old. 11 were African American and 39 white.
- The projected number of adults to be contacted is 200
- The projected number of adults to be enrolled is 80
- 50% of adults served using PATH funds are projected to be literally homeless

**10. Consumer Involvement- Describe how individuals who are homeless and have serious mental illness, and any family members, will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.**

- Each recipient of PATH services is asked to complete a satisfaction survey upon being discharged from the PATH program. This information is reviewed and analyzed with the objective of increasing the quality of services provided by the PATH program. Individual consumers are encouraged to attend one of out of four Peer Support Centers, and families and individual consumers are encouraged to attend Regional Planning Council meeting, CoC meetings, BRIDGES training, National Alliance for the Mentally Ill (NAMI), and the Tennessee Mental Health Consumers Association (TMHCA).
- PATH eligible consumers have applied for and secured employment through Carey Counseling Center, Inc.
- PATH eligible consumers housed in CAREY apartments are urged to participate in a Tenant Association, which provides input and suggestions to Management regarding housing issues.
- PATH consumers are also encouraged to volunteer or participate in PHC events.

## PATH BUDGET

Provider: Carey Counseling Center, Inc.				
Position	Full-time annual salary	PATH-funded FTE (%)	PATH-funded salary	Total
PATH Case Manager	\$26,012	100%	\$26,012	
PATH Case Manager	\$24,250	100%	\$24,250	
PATH Supervisor	\$49,440	30%	\$14,832	
<b>Position subtotal</b>				\$65,094
<b>Benefits subtotal</b>				\$16,274
<b>Travel</b>				\$11,325
<b>Equipment</b>				
<b>Supplies</b>				
<b>Contractual</b>				
<b>Other</b>				\$5,100
<b>TOTAL DIRECT</b>				\$97,793
<b>Indirect Costs</b>				\$9,780
<b>PATH Program TOTAL</b>				\$107,573

**C. INTENDED USE PLAN--. Parkwest Medical Center / Peninsula P**

**1. Local Provider Description – Provide a brief description of the provider organization receiving PATH funds, including:**

- a. agency name** --Peninsula, a Division of Parkwest Medical Center
- b. type of organization**--Inpatient and outpatient behavioral health services under the auspicious of Parkwest Medical Center.
- c. counties served**--Sevier, Loudon, Blount and Monroe Counties
- d. amount and source of PATH funds (federal, local match, state supplement, other) the organization will allocate to the PATH program.**

PATH REVENUE	
SOURCE	AMOUNT
PATH Federal Formula grant	\$57,000
Local Match (equals 1/3 of formula grant)	\$19,000
State Supplement funds	0
Other funds	0
<b>Total</b>	<b>\$76,000</b>

**2. People to be served –**

**a. Number of adults or emancipated youth to be contacted using PATH funded services.**

Peninsula will serve approximately 150 consumers through outreach and in reach, 80 of these will receive case management and other mental health services.

**b. Number of those adults or emancipated youth contacted who are literally homeless.**

65 percent or 98 of the clients served will be “literally” homeless.

**c. Number of those contacted who will be enrolled in PATH.** 90 percent or 135 of those contacted will be enrolled in PATH

**3. Collaboration with HUD Continuum of Care Program – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.**

Peninsula participates in the Continuum of Care process: The Case manager attends the monthly Tennessee Valley Coalition meetings. Both case managers participate in utilizing the HMIS system. While the peninsula case mangers do not currently participate in preparing housing options for funding or serving on any committees the opportunity to do so will be pursued in the coming year.

Peninsula has a relationship with the Section 8 group homes and 811 PRAC apartment complexes in Blount and surrounding counties. These complexes are designed to provide housing for mentally ill and homeless individuals. The PATH worker accesses the units in Blount County. The PATH worker also utilizes the Maryville housing authority, and local providers to obtain housing for PATH clients.

Peninsula maintains ongoing participation in Region II Mental Health Planning Council, as well as participates in meetings with The Tennessee Valley Coalition to end homelessness.

**4. Collaboration with Local Community Organizations – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.**

Services available in Sevier, Blount, Loudon and Monroe Counties aimed at the homeless population. ETHRA (East Tennessee Human Resource Agency) provides transportation and housing services. Douglas Cherokee Economic Authority provides assistance with food, clothing, and furnishings, and rehabilitative services. The Tennessee Valley Coalition to End Homelessness' HPRP program provides some assistance with rent and utilities. There are food banks in the Counties. Haven House is a domestic violence shelter in Alcoa that serves both counties. Heaven Sent Shelter serves only persons in Blount County. Housing Authority offices are located in Sevierville, Maryville, Alcoa, Madisonville and Sweetwater. The church shelter program called Family Promise also serves each county. The PATH program has maintained contact with each of these agencies and continues to increase opportunities for outreach and in reach within the service area.

**5. Service Provision – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

**a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

The Peninsula case managers continue to advocate and link with existing low income housing providers for placement of PATH clients. PATH program will pay deposits, first month's rent, and utility deposits when needed to assist clients who are literally homeless secure affordable housing. Program staff will continue to seek out traditional and non- traditional housing sources for PATH clients. The PATH case manager has continued to be involved with local efforts to improve and increase the access to housing for PATH clients. While the areas served lack specific locations where homeless populations

congregate the PATH workers are active in outreach to homeless individuals though by referral from numerous agencies throughout the counties served including campgrounds and other temporary dwelling options that sometimes do draw homeless individuals.

**b. Describe any gaps that exist in the current service systems.**

There are not many services within the service area of Sevier, Blount and Monroe Counties that are dedicated to serving the homeless population. The greatest need for all three counties is some type of transitional or emergency housing. Other gaps of service are local drug/ alcohol services, employment services and public transportation.

**c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.**

Peninsula Lighthouse provides Intensive Outpatient treatment to individuals with co-occurring disorders. These services are based in Knoxville. ETHRA can be arranged to transport through the individuals insurance. Peninsula and Cherokee Mental Health Systems offer traditional mental health services. Cherokee also offers primary care on a sliding scale. Both organizations participate in Behavioral Health Safety Net.

**d. Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff.**

Peninsula provides, pays for and supports training for PATH-funded staff as is required for the staff to be as efficient and successful in their employment. Training in evidence based practices is in the current training plan.

**e. Describe how the local provider agency trainings and activities support migration of PATH data into HMIS.**

Peninsula has provided all the required equipment and availability to support the HMIS program and training.

**f. Describe the local provider agency's efforts to identify and serve homeless veterans.**

Peninsula case managers providing outreach services described above are available to serve homeless veterans as they encounter them in outreach activities. When encountering homeless veterans Peninsula case managers will provide referral and linkage to specialized services for homeless veterans offered by Veterans Administration.

**g. Describe the local provider agency's efforts to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.**

Peninsula case managers providing outreach services described above will provide referral and linkage to specialized services for homeless individuals with mental and substance abuse disorders. The case managers talk with

various apartment complex managers and leasing agents on a regular basis in an effort to increase availability of housing.

- 6. Data – Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.**

The Peninsula case managers have already completed the training and are entering consumers' data into the HMIS system. The administrator for the HMIS system has agreed to provide training to any and all new staff on an as needed basis.

- 7. Access to Housing – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).**

The PATH program has maintained contact with each of these agencies and continues to increase opportunities for outreach and in reach within the service area.

Haven House is a domestic violence shelter in Alcoa that serves both counties. Heaven Sent Shelter serves only persons in Blount County. Housing Authority offices are located in Sevierville, Maryville, Alcoa, Madisonville and Sweetwater. The church shelter program called Family Promise also serves each county. The case manager speaks to these agencies on a regular basis about their availability and is often called by the agencies with referrals to the PATH program.

- 8. Staff Information – Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence**

The PATH case managers are Caucasian female. The Clinical Supervisor who supervises the program is a Caucasian female. Peninsula has maintained a presence in the service area for over thirty years and has developed an understanding of credibility with the general population. Peninsula staff represents the demographics of the population served. All Peninsula staff receive periodic training aimed at understanding the diversity of needs in populations served

- 9. Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.**

Sevier, Blount, Loudon, and Monroe Counties are primarily rural though there are significant urban areas as well. The racial makeup of the area is primarily Caucasian. African Americans make up about 10 % of the population. A very small number of Mexican Americans and Native Americans live in the area. All

that are served will be 18 years or older. 65 percent of the clients served will be “literally” homeless.

**10. Consumer Involvement – Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.**

Peninsula utilizes a client centered, strength based approach in providing services. Consumer participation in treatment planning and evaluation is a constant and ongoing process. Peninsula does have opportunities for PATH eligible clients to receive training to serve as volunteers and staff. Their input is incorporated into program design. Peninsula also has a training program that prepares people in recovery for work including some opportunities in Peninsula. PATH eligible clients are able to apply for this opportunity. PATH program participants are asked to advise and assist ongoing outreach efforts.

**PATH BUDGET**

<b>Provider: Peninsula, A division of Parkwest Medical Center</b>				
<b>Position</b>	<b>Full-time annual salary</b>	<b>PATH-funded FTE (%)</b>	<b>PATH-funded salary</b>	<b>Total</b>
Case Manager	\$25,385.76	50%	\$12,692.88	
Case Manager	\$29,859.48	50%	\$14,929.74	
<b>Position subtotal</b>				\$27,623.00
<b>Benefits subtotal</b>				\$5,248.00
<b>Travel</b>				\$1,250.00
<b>Equipment</b>				\$ 1,000.00
<b>Supplies</b>				
<b>Contractual</b>				
<b>Other</b>				\$36,095.00
<b>TOTAL DIRECT</b>				
<b>Indirect Costs</b>				\$4,784.00
<b>PATH Program TOTAL</b>				\$76,000.00

Other includes \$32,720.00 for Specific Assistance to individuals, \$3,000 for Professional Fee Services and \$375 for Printing & Publications.

## APPENDIX A

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

## **APPENDIX B**

### **LIST of CERTIFICATIONS**

#### **1. CERTIFICATION REGARDING LOBBYING**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

#### **2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

#### **3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language

of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

**APPENDIX C**  
**FEDERAL FISCAL YEAR 2012**  
**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**  
**AGREEMENT**

I hereby certify that the State of Tennessee agrees to the following:

**Section 522(a).** Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

**Section 522(b).** Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including
  - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
  - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - Referring the eligible homeless individual for such other services as may be appropriate; and
  - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;

- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including
  - Minor renovation, expansion, and repair of housing;
  - Planning of housing;
  - Technical assistance in applying for housing assistance;
  - Improving the coordination of housing services;
  - Security deposits;
  - The costs associated with matching eligible homeless individuals with appropriate housing situations;
  - One-time rental payments to prevent eviction; and
  - Other appropriate services, as determined by the Secretary.

**Section 522(c).** The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

**Section 522(d).** In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

**Section 522(e).** The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

**Section 522(f).** Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

**Section 522(g).** The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

**Section 522(h).** The State agrees that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended
  - To support emergency shelters or construction of housing facilities;
  - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

- To make cash payments to intended recipients of mental health or substance abuse services.

**Section 523(a).** The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

**Section 523(c).** The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

**Section 526.** The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
  - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
  - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

**Section 527(a)(1), (2), and (3).** The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

**Section 527(a)(4).** The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

**Section 527(b).** In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any

revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

**Section 527(c)(1)(2).** The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

**Section 528(a).** The State will, by January 31, 2013, prepare and submit a report providing such information as is necessary for

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2012 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

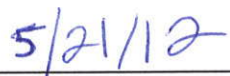
**Section 528(b).** The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

**Section 529.** Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

**Charitable Choice Provisions:**

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

  
\_\_\_\_\_  
Governor

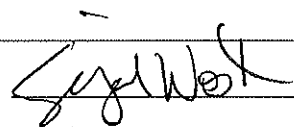
  
\_\_\_\_\_  
Date

## APPENDIX D

### DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b>  <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action</b>  <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b>  <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b>  Year _____ Quarter _____  date of last report _____
<b>4. Name and Address of Reporting Entity:</b>  <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  State of Tennessee Department of Mental Health and Substance Abuse Services 710 James Robertson Parkway Nashville, TN 37243  <p style="text-align: center;"><b>NOT APPLICABLE</b></p> Congressional District, if known: _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>        Congressional District, if known: _____
<b>6. Federal Department/Agency:</b>        	<b>7. Federal Program Name/Description:</b>     CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>        	<b>9. Award Amount, if known:</b>  \$ _____	
<b>10.a. Name and Address of Lobbying Entity</b> <i>(if individual, last name, first name, MI):</i>        	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a.) (last name, first name, MI):</i>        	
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		
Signature:  Print Name: <u>Sejal West</u> Assistant Commissioner, Mental Health Title: <u>Services</u>  Telephone No.: <u>615-253-3051</u> Date: _____		
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)



## APPENDIX E

OMB Number: 4040-0010  
Expiration Date: 08/31/2011

### Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

#### Project/Performance Site Primary Location

Organization Name: Tennessee Department of Mental Health

DUNS Number: 87-889-0425

\* Street1: 710 James Robertson Parkway, 11th Floor

Street2:

\* City: Nashville County: Davidson

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 37243 \* Project/Performance Site Congressional District: TN-5

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

#### Project/Performance Site Location 1

Organization Name: Mental Health Cooperative

DUNS Number: 804296291

\* Street1: 275 Cumberland Bend

Street2:

\* City: Nashville County: Davidson

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 37228 \* Project/Performance Site Congressional District: TN-5

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 2**

Organization Name: Helen Ross McNabb

DUNS Number: 071535470

\* Street1: 201 Springdale Ave.

Street2:

\* City: Knoxville County: Knox

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 37917 \* Project/Performance Site Congressional District: TN -2

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 3**

Organization Name: Volunteer Behavioral Health

DUNS Number: 937938637

\* Street1: 413 Spring St.

Street2:

\* City: Chattanooga County: Hamilton

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 37405 \* Project/Performance Site Congressional District: TN - 3

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 4**

Organization Name: Case Management Inc.

DUNS Number: 786244988

\* Street1: 4041 Knight Arnold Road

Street2:

\* City: Memphis County: Shelby

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 38118 \* Project/Performance Site Congressional District: TN-9

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 5**

Organization Name: East Tennessee State University College of Nursing

DUNS Number: 051125037

\* Street1: Campus Box 70403

Street2:

\* City: Johnson City County: Washington

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 37614 \* Project/Performance Site Congressional District: TN-1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 6**

Organization Name: Pathways of Tennessee

DUNS Number: 073526055

\* Street1: 620 Skyline Dr.

Street2:

\* City: Jackson County: Madison

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 38301 \* Project/Performance Site Congressional District: TN-8

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 7**

Organization Name: Carey Counseling Center

DUNS Number: 084787563

\* Street1: 408 Virginia St.

Street2:

\* City: Paris County: Henry

\* State: Tennessee

Province:

\* Country: USA

\* ZIP / Postal Code: 38242 \* Project/Performance Site Congressional District: TN-8

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Project/Performance Site Location 8**

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/Performance Site Congressional District:

# APPENDIX F

## CHECKLIST

OMB Approval No. 0990-0317

Expiration Date: 08/31/2010

**Public Burden Statement:** Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

- |  | Included                            | NOT Applicable           |
|--|-------------------------------------|--------------------------|
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) .....   | <input checked="" type="checkbox"/> |                          |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) |                                     |                          |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....  |                                     |                          |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....  |                                     |                          |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....   |                                     |                          |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91) .....   |                                     |                          |
| 3. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/>            | <input type="checkbox"/> |

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

- |  | YES                      | NOT Applicable           |
|--|--------------------------|--------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....  | <input type="checkbox"/> |                          |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? .....   | <input type="checkbox"/> |                          |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? ..... | <input type="checkbox"/> |                          |
| 6. Has the 12 month narrative budget justification been provided? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? ....   | <input type="checkbox"/> | <input type="checkbox"/> |

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made.

Prefix: Mr. First Name: Robert Middle Name: G  
Last Name: Currie Suffix:  
Title: Director Housing and Homeless Services  
Organization: TN Dept of Mental Health and Substance Abuse Services  
Street1: 710 James Robertson Parkway  
Street2: Andrew Johnson Building 11th Floor  
City: Nashville  
State: Tennessee ZIP/Postal Code: 37243 ZIP/Postal Code4:  
Email Address: bob.currie@tn.gov  
Telephone Number: 615-532-4651 Fax Number: 615-253-6822

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Mr. First Name: Robert Middle Name: G  
Last Name: Currie Suffix:  
Title: Director Housing and Homeless Services  
Organization: TN Department of Mental Health and Substance Abuse Services  
Street1: 710 James Robertson Parkway  
Street2: Andrew Johnson Building 11th Floor  
City: Nashville  
State: Tennessee ZIP/Postal Code: 37243 ZIP/Postal Code4:  
Email Address: bob.currie@tn.gov  
Telephone Number: 615-532-4651 Fax Number: 615-253-6822